

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

2808

**1. PLACE OF DEATH**

96 County St. Louis Registration District No. 289  
Township Central Primary Registration District No. 6033B  
City St. Louis, Mo. (No. Midland Sanitarium St. \_\_\_\_\_ Ward)  
7100 Page Blvd.

File No. \_\_\_\_\_  
Registered No. 30

**2. FULL NAME** Emma Noeth

(a) Residence. No. 6745 Alabama St. \_\_\_\_\_ Ward. \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX \_\_\_\_\_ 4. COLOR OR RACE \_\_\_\_\_ 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write the word*) \_\_\_\_\_

Female White Married.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

Frank Noeth

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 3, 1881

7. AGE	YEARS	MONTHS	DAY	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>49</u>	<u>4</u>	<u>15</u>	

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work at home

(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_

(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) St. Louis County /  
(STATE OR COUNTRY) Missouri

10. NAME OF FATHER Jocah Kolb

11. BIRTHPLACE OF FATHER (CITY OR TOWN) \_\_\_\_\_  
(STATE OR COUNTRY) Germany 10

12. MAIDEN NAME OF MOTHER Barbara Goetz

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) \_\_\_\_\_  
(STATE OR COUNTRY) Unknown 1

14. INFORMANT Frank Noeth  
(Address) 6745 Alabama

15. FILED 1/19 19 31 Rolla B. Gray, M.D. REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 18, 1931

17. I HEREBY CERTIFY, That I attended deceased from Jan. 12, 1931, to Jan. 18, 1931, that I last saw her alive on Jan. 18, 8:30 a.m., and that death occurred, on the date stated above, at \_\_\_\_\_

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Valvular Heart Disease  
920 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Operation for removal of pus on liver. (duration) yrs. 4 mos. ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH \_\_\_\_\_

1 DID AN OPERATION PRECEDE DEATH? yes DATE OF Jan. 14, 31

WAS THERE AN AUTOPSY? yes

**WHAT TEST CONFIRMED DIAGNOSIS?**

(Signed) Roy Compton, M. D.

1/18, 1931 (Address) 7100 Page

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL \_\_\_\_\_ DATE OF BURIAL \_\_\_\_\_

Park Lawn Jan 21, 1931  
20. UNDERTAKER Northern ADDRESS 6320 S. Grand

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FEB 23 1931

