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

Do not use this space.

2936

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 72

Township ..... Primary Registration District No. 1002 Registered No. 72

City St. Louis (No. ISOLATION HOSPITAL St. ..... Ward)

2. FULL NAME Francis Noll

(a) Residence. No. 1832 Hogan St., 26 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 0 yrs. 10 mos. ? ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male	White	Nil

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) February 4, 1930

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	0	10	29	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Nil
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St. Louis, Missouri 1
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Peter Noll

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

12. MAIDEN NAME OF MOTHER Sylvica Renfro

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Illinois 2
(STATE OR COUNTRY)

14. INFORMANT M Goerger
(Address) ISOLATION HOSPITAL

15. FILED JAN -3 1931 Max C. Whitney REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1 - 2 1931

17. I HEREBY CERTIFY, That I attended deceased from Dec 23, 1930, to Jan 2, 1931 that I last saw him alive on Jan 2, 1931, and that death occurred, on the date stated above, at 1 55 p m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7
1075 Measles

(duration) ..... yrs. ..... mos. 13 ds.

CONTRIBUTORY (SECONDARY) Broncho pneumonia

Secondary (duration) ..... yrs. ..... mos. 5 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

0 DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical findings

(Signed) L. F. Kompare, M. D.

, 19 (Address) ISOLATION HOSPITAL

*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
Calvary	Jan 3 1931

20. UNDERTAKER	ADDRESS
Hy Leidner Und Co.	N. Market

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.

WRITE PLAINLY, WITH UNFADING INKSTAND IS A PERMANENT RECORD