

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

Do not use this space.

15961

**1. PLACE OF DEATH**

County.....

Registration District No. 791

Township.....

Primary Registration District No. 1002

City St. Louis (No. 755)

St. S. HTA Ward

File No. ....

Registered No. 4433

**2. FULL NAME**

Susanna Noel

(a) Residence. No. 755 S 4th St., 22 Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

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.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 26 1865

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
65 7 14

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work. None 235  
(b) General nature of industry, business, or establishment in which employed (or employer). House work  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hungaria 14

10. NAME OF FATHER Phillip Allar

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

12. MAIDEN NAME OF MOTHER Anna Bernauer

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

14. INFORMANT Mrs. M. C. Fisher (Address) 755 S 4th St

15. FILED APR 12 1931 REGISTRAR

**2 MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr 10 1931

17. I HEREBY CERTIFY, That I attended deceased from Aug 10 1930 to Apr 10 1931, and that I last saw her alive on Apr 10 1931, and that death occurred, on the date stated above, at 7 P m.

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

Myocardial Insufficiency Acute  
131  
92A

(duration) yrs. 3 mos. ds.  
CONTRIBUTORY Nephritis Chronic Interstitial  
(SECONDARY)

(duration) 1 yrs. mos. ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? clinical

(Signed) F. J. Jacobs M. D.

4-11 1931 (Address) 3006 Travis

\*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

S S Peter Hall Apr 10 1931

20. UNDERTAKER ADDRESS

E J Schmu 3125 Lafayette

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

