

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

Do not use this space.

19584

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City **St. Louis** (No. **2327**)

City **City Hosp.**

File No.

Registered No. **5543**

St. Ward)

2. FULL NAME

David Noonan

(a) Residence. No. **1221 Jones** St., **11** Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred **1 1/2** yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

male

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

Nellie Noonan

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Unknown 1878**

7. AGE

YEARS

MONTHS

DAY

IF LESS than 1 day, hrs. or min.

abt. 53 Unknown

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.

broth

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

Claveffor 1610

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) **St. Louis**

(STATE OR COUNTRY) **mo.**

PARENTS

10. NAME OF FATHER **John Noonan**

11. BIRTHPLACE OF FATHER (CITY OR TOWN) **Ireland**

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER **Unknown**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) **Ireland**

(STATE OR COUNTRY)

14. Hospital Information Informant **Grace Ropp** (Address) **City of St. Louis**

15. FILED **13** 19**58** REGISTRAR **Arthur J. Donnelly**

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **May 11th 1931**

17. I HEREBY CERTIFY, That I attended deceased from **May 9th, 1931** to **May 11th, 1931** that I last saw him alive on **May 11th, 1931** and that death occurred, on the date stated above, at **2:15:50 p.m.**

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of Neck
Senile Dementia
Chronic Myocarditis

CONTRIBUTORY (SECONDARY) **536**

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH..... DATE OF.....

19. WAS THERE AN AUTOPSY? **No**

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) **Carl H. Hoge**, M. D.

5/12, 1931 (Address) **City 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

Calvary Cemetery DATE OF BURIAL **5/14 1931**

20. UNDERTAKER

Arthur J. Donnelly and Co. 2039 Wash St

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.

