

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

Do not use this space.

✓ 29539  
File No. \_\_\_\_\_  
Registered No. **8563**  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**1. PLACE OF DEATH**

County \_\_\_\_\_ Registration District No. **791**  
Township \_\_\_\_\_ Primary Registration District No. **1003**  
City **St. Louis** (No. **1004**) **Moreison**

**2. FULL NAME**

**Anna Noonan - Hirth**  
(a) Residence, No. **1004 Moreison** St. **27** Ward. (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 **Thomas Noonan**  
6. DATE OF BIRTH (MONTH, DAY AND YEAR) **July 8 1865**  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
**66 0 28**

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work **housewife**  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

**9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)**

**St. Charles Mo.**

**10. NAME OF FATHER**

**James Loyd**

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

**Unknown**

**12. MAIDEN NAME OF MOTHER**

**Anna Wood**

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

**California Mo.**

**14. INFORMANT**

**Frank J. Jones**  
(Address) **1004 Moreison Av.**

**15. FILED**

**1931** **W. H. STARBUCK**  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

**2**  
16. DATE OF DEATH (MONTH, DAY AND YEAR) **Aug 5 1931**  
17. I HEREBY CERTIFY, That I attended deceased from **5-1-31** to **8-5-31** 19**31** that I last saw him alive on **7-29-31**, and that death occurred, on the date stated above, at **11:25 p. m.**

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

**62A apoplexy**  
**97**

**CONTRIBUTOR (SECONDARY)**

**Arturo Soteras**  
**Unknown**  
(duration) yrs. mos. ds.

**18. WHERE WAS DISEASE CONTRACTED**

**82A Unknown**  
IF NOT AT PLACE OF DEATH \_\_\_\_\_  
DID AN OPERATION PRECEDE DEATH? **no** DATE OF \_\_\_\_\_  
WAS THERE AN AUTOPSY? **no**

**WHAT TEST CONFIRMED DIAGNOSIS**

**Qualifiers**  
(Signed) **W. H. Starbuck** M. D.  
19 (Address) **3936 Lindell Blvd**

\*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**

**Mount Olive Cen.** **8-8 1931**

**20. UNDERTAKER**

**Witt Bros. L & Co 2929 S. Jefferson**  
ADDRESS \_\_\_\_\_

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.

WHITE PAPER, WITH UNFADING INK—THIS IS A PERMANENT RECORD

