

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

Do not use this space.

6359

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 1003
City St. Louis Mo (No. City Hospital 2)

File No.
Registered No. 1391
St. Ward)

2. FULL NAME

(a) Residence, No. 1726 N 10th St., 15 Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>Col</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Ellen Noble</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>2-8-1896</u>		
7. AGE	YEARS	MONTHS
	<u>36</u>	<u>2</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		11. Total time (years) spent in this occupation
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year)		<u>231</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>La</u>		
13. NAME <u>William Noble</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>La</u>		
15. MAIDEN NAME <u>Mary Patterson</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>La</u>		
17. INFORMANT <u>A Gutardi Death City Hospital</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Donita La</u> DATE <u>Feb 12</u> 19 <u>32</u>		
19. UNDERTAKER <u>W. W. Litchford</u> (ADDRESS) <u>3317 Michigan</u>		
20. FILED <u>55-12</u> 19 <u>32</u> <u>W. W. Litchford</u> Registrar.		

1 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-10- 1932

22. I HEREBY CERTIFY, That I attended deceased from 215 1932 to 2/10 1932

I last saw him alive on 2/10 1932 Death is said to have occurred on the date stated above, at 3 30 m.

The principal cause of death and related causes of importance were as follows:

131
Chronic nephritis
Other contributory causes of importance: 131
Date of onset

Name of operation..... Date of.....

What test confirmed diagnosis? Autopsy Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?..... Date of injury..... 19.....

Where did injury occur?..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
Nature of injury..... (1)

24. Was disease or injury in any way related to occupation of deceased?.....
If so, specify.....

(Signed) W. W. Litchford, M. D.
(Address) City Hospital 2

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.

07531 8:10

07531 8:10