

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

Do not use this space.

22769

**1. PLACE OF DEATH**

County Jackson Registration District No. 000  
 Township Rau Primary Registration District No. 1001  
 City Kansas City (No. Memorial Hosp.) St. Ward

**2. FULL NAME**

Davis L. Noodlemann  
 (a) Residence, No. 2832 Wabash St. 11 Ward. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S., if of foreign birth? 28 yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) not known

7. AGE YEARS 65 MONTHS - DAYS - If LESS than 1 day, ..... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Restaurant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. owner

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Russia

13. NAME Abraham Noodlemann

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Russia

15. MAIDEN NAME Anna Frank

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Russia

17. INFORMANT Sarah Noodlemann (ADDRESS) no

18. BURIAL, CREMATION, OR REMOVAL PLACE, Sheffield DATE 7-8-32

19. UNDERTAKER J. P. Lewis (ADDRESS) no

20. FILED 7/8 1932 M. M. Crowe Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 6, 1932

22. I HEREBY CERTIFY that I attended deceased from June 15 1932 to July 6, 1932 that saw him alive on July 6, 1932. Death is said to have occurred on the date stated above at 4:50 p.m.

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

Cirrhosis of Liver Date of onset 12/2/24  
ascites 12/24/24

Other contributory causes of importance: ascites

Name of operation ..... Date of .....  
 What test confirmed diagnosis? Symptoms Was there an autopsy? no

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 .....

24. Was disease or injury in any way related to occupation of deceased? no  
 If so, specify .....

(Signed) N. D. Jeworitz, M. D.  
 (Address) 225 Arnyle Belg

WRITE PLAINLY, WITH UNFADING INK--THIS IS

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.

