

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

Do not use this space.

42323

1. PLACE OF DEATH

County
Township
City St Louis Mo (No. Barnes Hospital)

Registration District No. 701
Primary Registration District No. 14083

File No.
Registered No. 11455
St. Ward)

2. FULL NAME Florence Isabelle Noonan

(a) Residence, No. Alton Ill St. 12 Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 4 yrs. 4 mos. 4 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 Joseph Noonan
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-14-1894
7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, hrs. or min.
38 | 9 | 9 | |

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235
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) St Louis Mo

MOTHER FATHER 13. NAME ~~Robert Bruce Lindsay~~ Robert Bruce Lindsay

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Weldon Indiana

MOTHER 15. MAIDEN NAME Nellie Elizabeth Manning

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis Mo

17. INFORMANT Geo Lindsay (ADDRESS) 1332 Simple

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cem. DATE Dec 26 1937

19. UNDERTAKER Alexander Ed Sons (ADDRESS) 419 S Delmar

20. FILED DEC 24 1937 May O Starn Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-23-1937

22. I HEREBY CERTIFY, That I attended deceased from 12-20-1937 to 12-23-1937
I last saw her alive on 12-23-1937 Death is said to have occurred on the date stated above, at 12:00 a.m.
The principal cause of death and related causes of importance were as follows:

Acute Encephalitis not Rothardii Date of onset

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? 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

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Joseph C. Langs, M. D.
(Address) Barnes Hospital

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.

