

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

Do not use this space.

MAR 24 1934

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City **St. Louis mo.** (No. **Barnes Hospital**) St. Ward)

File No. **6555**
Registered No. **1398**

2. FULL NAME

Clara Cecelia Noel

(a) Residence, No. **518 S. Illinois** st. **NR** Ward. **Carbondale Ill**
(Usual place of abode) (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 **F.** 4. COLOR OR RACE **W.** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Wm Earl Noel**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **March 23-1892**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
41 10 15

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.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation **21**

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Maharaja Ill**

13. NAME **John Jungers**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Franco**

15. MAIDEN NAME **Etta Saylor**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Ill.**

17. INFORMANT **Dr H. L. Kleine**
(ADDRESS) **600 S. Kingshighway Blvd.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Carbondale Ill** DATE **2-11-34**

19. UNDERTAKER **Albert H. Happe**
(ADDRESS) **429 N. Euclid Ave.**

20. FILED **3-8-34** 19. **J. T. Bredeck** Registrar.

6 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **2-8-1934**

22. I HEREBY CERTIFY, That I attended deceased from **2-4-1934** to **2-8-1934**

I last saw her alive on **2-8-1934** Death is said to have occurred on the date stated above, at **4:40 a.m.**

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

Death myocardial failure Date of onset **2/5/34**

Enlarge Rectosigmoid uterus (non-pregnant)

Other contributory causes of importance: **Peritonitis? 9:22/6/34**
Pulmonary Congestion 11/2/6/34

Name of operation **Complete hysterectomy** Date of **2/15/34**

What test confirmed diagnosis? **None** 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) **H. L. Kleine**, M. D.

(Address) **600 S. Kingshighway**

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.

WRITE PRINTED WITH CARE

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The following is a list of the names of the persons who were present at the meeting held on the 15th day of August, 1947, at the residence of the undersigned, at the address of 1234 Main Street, New York, New York.

The names of the persons present are as follows:

Mr. J. Edgar Hoover
 Mr. E. A. Tamm
 Mr. Clegg
 Mr. Glavin
 Mr. Ladd
 Mr. Nichols
 Mr. Rosen
 Mr. Tracy
 Mr. Carson
 Mr. Egan
 Mr. Gurnea
 Mr. Hendon
 Mr. Pennington
 Mr. Quinn
 Mr. Nease
 Mr. Gandy

The undersigned certifies that the above is a true and correct list of the persons who were present at the meeting held on the 15th day of August, 1947, at the residence of the undersigned, at the address of 1234 Main Street, New York, New York.

Signed: _____
 Special Agent in Charge