JAN 13 1936

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

Do not use this space.

41926

791

1. PLACE OF DEATH

County ..... Registration District No. 1003 File No. 11180

Township ..... Primary Registration District No. ..... Registered No. .....

City St Louis (No. City Hosp #1 St. ..... Ward)

2. FULL NAME 17 14216 Edward Noble

(a) Residence, No. 7955 Frederick St. Ward. 8
(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 M

4. COLOR OR RACE W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 3, 1928

7. AGE YEARS 7 MONTHS 5 DAYS 26 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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

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

FATHER

13. NAME Edw F Noble

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

MOTHER

15. MAIDEN NAME Anna Breeden

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

17. INFORMANT (ADDRESS) Hosp Inf Mt Kent City Hosp #1

18. BURIAL, CREMATION, OR REMOVAL PLACE St Peter & Paul DATE Jan 2 1935

19. UNDERTAKER (ADDRESS) Math Hermann & Son 2161 E Fair Ave

20. FILED DEC 31 1935 19 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/29, 1935

22. I HEREBY CERTIFY, That I attended deceased from 12/11, 1935, to 12/29, 1935

I last saw him alive on 12/29, 1935. Death is said to have occurred on the date stated above, at 7 55 m.

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

Date of onset

Meningitis, Hemolytic Streptococcus

Septicemia, Hemolytic Streptococcus

Non Epidemic

Other contributory causes of importance:

Mastoiditis, Bilateral

Name of operation 89 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) B. N. Battles, M. D.

(Address) City Hosp #1

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 VERMEY, WITH UNFADING INK—THIS IS A PERMANENT RECORD