

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.

OCT 14 1937

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

22615
Do not fill this space.

1. PLACE OF DEATH

(a) County _____ Registration District No. 201
(b) Township _____ Primary Registration District No. 023 Registered No. 8669
(c) City St. Louis Mo. (d) Street No. En Route City Hospital # St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

William Martin Noonan
(a) Residence, No. 4848 Sigel St. 2 (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 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 Amelia Noonan

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 16 - 1881

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
55 7 28

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Street work
9. Industry or business in which work was done, as 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) Heima Ohio

13. NAME Michael Noonan

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

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Richard Noonan
4848 Sigel

18. BURIAL, CREMATION, OR REMOVAL PLACE bubbling mo DATE 9-15 1937

19. FUNERAL DIRECTOR (ADDRESS) Rauland Mortuary Svc
1355 Washington

20. FILED SEP 15 1937 J. J. Bredeck
Local Registrar.

No Physical Certificate of Death
MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 14, 1937

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw him alive on 25 19____. Death is said to have occurred on the date stated above, at 2 P. m.

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

hemorrhage due to fracture of the skull and laceration of lung, as a result of being crushed by a beam on a wheel
Date of onset

Other contributory causes of importance:
he was working the roller timbering way at 3809 Chestnut Sept 14, 1937 at 2:50 P. m.
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? accident Date of injury 9/14/37
Where did injury occur? St. Louis Mo
(Specify city & town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury See above
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? Yes
If so, specify Joseph M. Zwick (Signed) Joseph M. Zwick (Address) County Coroner

STATEMENT BY LICENSED EMBALMER

I, Howard F. Rowland, Licensed Embalmer No. 3114

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Myself

L. E.

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed Howard F. Rowland
Licensed Embalmer No. 3114

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)