

0511 4 1937

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

32702  
Do not use this space.

1. PLACE OF DEATH

(a) County ..... Registration District No. **791**  
 (b) Township ..... Primary Registration District No. **1003**  
 (c) City St. Louis, Mo. (d) Street No. 1442 N. 14th Street (rear) 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 Luvonia Noble

(a) Residence, No. 1442 North 14th Street (rear) St. **25** (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE Colored 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) Aug. 1st 1901  
 7. AGE YEARS 36 MONTHS 1 DAYS 14 If LESS than 1 day, ..... hrs. or ..... min.  
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House 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) Mississippi (STATE OR COUNTRY)

FATHER 13. NAME Bert Howell

FATHER 14. BIRTHPLACE (CITY OR TOWN) Mississippi (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Lizzie Halliday

MOTHER 16. BIRTHPLACE (CITY OR TOWN) Mississippi (STATE OR COUNTRY)

17. INFORMANT Lizzie Thomas (ADDRESS) 1442 North 14th St. (rear)

18. BURIAL, CREMATION, OR REMOVAL PLACE Father Dickson DATE 9/20/37

19. FUNERAL DIRECTOR F. I. Garner (ADDRESS) 2829 Washington Ave.

20. FILED J. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 15, 1937  
 I HEREBY CERTIFY, that I attended deceased from Sept. 12 1937 to Sept. 15, 1937  
 I last saw him alive on Sept. 14, 1937. Death is said to have occurred on the date stated above, at 4:47 a.m.  
 The principal cause of death and related causes of importance were as follows:

Pericarditis  
115 a.m.  
 Date of onset Sept. 10  
 Other contributory cause of importance: Tonsillitis and Disinfectant

Name of operation Autopsy Date of Sept. 15  
 What test confirmed diagnosis Yes or 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? Yes  
 If so, specify Flu  
 (Signed) J. F. Lawry, M. D.  
 (Address) 1711 N. 10th St.

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.

2228209

SEP 28 1937

STATEMENT BY LICENSED EMBALMER

I, Arvey Andrews, Licensed Embalmer No. 3974

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

L. E. St Louis Missouri

No. 3974 or by \_\_\_\_\_ Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed Arvey Andrews

Licensed Embalmer No. 3974

**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.)**