

REC'D APR 1 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH8685
Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. 2
 (b) Township..... Primary Registration District No. 1008
 (c) City St. Louis (d) Street No. 334 N. Taylor Ave. Registered No. 2274
 (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

Mother, Katherine A. Noonan 550
 (a) Residence, No. 334 N. Taylor Ave. St. 19
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 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) Jan. 8, 1875

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
63 1 28

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Religious
 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) Ky. |

FATHER 13. NAME Jos. J. Noonan |

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky. |

MOTHER 15. MAIDEN NAME Mary Rogers

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

17. INFORMANT Sisters, Sacred Heart Convent
 (ADDRESS) 334 N. Taylor Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cem. DATE Mar. 8, 1938

19. FUNERAL DIRECTOR Arthur J. Donnelly Undt. Co.
 (ADDRESS) 3840 Lindell Blvd.

20. FILED J. P. Ornduff
 (Address) 3220 Washington

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 6, 1938 19

22. I HEREBY CERTIFY, That I attended deceased from February 28th, 1938, to March 6th, 1938. I last saw him alive on March 6th, 1938. Death is said to have occurred on the date stated above, at 5 p.m.

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

Broncho-Pneumonia Date of onset Jan. 1, 38

Other contributory causes of importance: Had not been well previously due to a nervous system condition

Name of operation _____ Date of _____
 What test confirmed diagnosis? Clinical 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

(Signed) Edmund S. Smith, M. D.

(Address) 3220 Washington

Approved 11/24

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____

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

_____ L. E. _____

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed

W. Van Matre

Licensed Embalmer No.

2825

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.)