CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
1939 SEP 6

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 30247

Registration District No. 784 Primary Registration District No. 111 Registrar's No. 1421

1. PLACE OF DEATH:

(a) County: St Louis

(b) City or town: ~~Kirkwood~~ Richmond Heights
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St mary's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution few minutes (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: ---

(c) City or town: St Louis
(If outside city or town limits, write "RURAL")

(d) Street No.: 1009 S allen
(If rural, give location)

(e) If foreign born, how long in U. S. A.? ____ years

3. (a) PRINT FULL NAME: WILLIAM H. NOAKES

3. (b) If veteran, name war: No

3. (c) Social Security No.:

4. Sex: Male

5. Color or race: White

6. (a) Single, widowed, married, divorced: widowed

6. (b) Name of husband or wife: Rose Noakes

6. (c) Age of husband or wife if alive ____ years

7. Birth date of deceased: June (Month) 6 (Day) 1879 (Year)

8. AGE: Years 60 Months 2 Days 2 If less than one day ____ hr. ____ min.

9. Birthplace: unknown (City, town, or county) Illinois (State or foreign country)

10. Usual occupation: Electrician

11. Industry or business: Jacks Electric

FATHER
12. Name: Franklin Noakes
13. Birthplace: ____ (City, town, or county) Ohio (State or foreign country)

MOTHER
14. Maiden name: Emma Gilbert
15. Birthplace: Ripley Co (City, town, or county) Ind (State or foreign country)

16. (a) Informant's own signature: Ella Kehlenbeck
(b) Address: Kokomo Indiana

17. (a) ____ (Burial, cremation, or removal) (b) Date thereof: 8/11/39 (Month) (Day) (Year)
(c) Place: burial or cremation: Kokomo Ind

18. (a) Signature of funeral director: Bayman Bros
(b) Address: 2504 Woodson overland

19. (a) AUG 9 1939 (Date received local registrar) (b) T R Meyers M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 8 8 year 1939 hour 10 minute A M.

21. I hereby certify that I attended the deceased from ____, 19__, to ____, 19__; that I last saw h. alive on ____, 19__; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Accidental electrocution while working a-top a pole ----	8/8/39
Due to: 2300 volts electricity	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

Major findings: Of operations: Electric burn dorsum R. Hand and posterior surface of left thigh.
Of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify): accident
(b) Date of occurrence: August 8, 1939
(c) Where did injury occur? Kirkwood, Mo. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? While working atop a electric pole on public street (If type of place)
While at work? yes (e) Means of injury: electrocution

23. Signature: John A Cowell (M. D. or other)
Address: Coroner of St. Louis County Mo. Date signed

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____, Registered Apprentice No. _____ working under my personal supervision.

Signed Earl S. Holleman

Licensed Embalmer No. 3501

P. O. Address Oneiland N

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

If this body is not embalmed, above space should be left blank.