DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 4492

Registration District No. 791 — Primary Registration District No. 1003 — Registrar's No. 1322

1. PLACE OF DEATH: FEB MAR 12 [illegible] 20

(a) County

(b) City or town St. Louis (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2802 Eads Ave (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community 2802 Eads Ave

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis 23 (If outside city or town limits, write "RURAL")

(d) Street No. 2802 Eads Ave (If rural, give location)

(e) If foreign born, how long in U. S. A.? 50 years.

3. (a) PRINT FULL NAME Mary Theresa Noonan

3. (b) If veteran, name war ******* 3. (c) Social Security No. *******

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Michael 6. (c) Age of husband or wife if alive years

7. Birth date of deceased May (Month) 11 (Day) 1854 (Year)

8. AGE: Years 85 Months 8 Days 26 If less than one day hr. min.

9. Birthplace England (City, town, or county) (State or foreign country) 1

10. Usual occupation At Home 4

11. Industry or business 9

FATHER
12. Name Patrick Ronan
13. Birthplace England (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name unknown
15. Birthplace unknown (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Patrick Noonan

(b) Address 2802 Eads Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 10 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Peetz Brothers

(b) Address 3029 Lafayette Ave

19. (a) FEB 9 1940 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7th day February year 1940 hour 5:00 minute A. M.

21. I hereby certify that I attended the deceased from Dec 1, 1938, to Feb 7, 1940 that I last saw her alive on Feb 6 5 pm, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to Chronic endocarditis & arteriosclerosis

Due to —

Other conditions — (Include pregnancy within 3 months of death)

Major findings: Of operations —

Of autopsy none

Duration

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) ✓

(b) Date of occurrence ✓

(c) Where did injury occur? ✓ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? ✓ (Specify type of place)

While at work? ✓ (e) Means of injury ✓

23. Signature Martin J Glaser (M. D. or other)

Address 506 Olive St. Date signed 2/7/40

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

Rev. 5-17-39 I X19311

Dr.Martin Glaser
Miss.Valley Trust Bldg.,
ch 5025

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 Frank I. Owens

Licensed Embalmer No. 2245

P. O. Address St Louis Mo

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.)

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