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FILED APR 15 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 9327

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 2810

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

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: City Hospital, #1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 Days (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

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

(d) Street No. 8518 Minnesota ave.
(If rural, give location)

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

3. (a) PRINT FULL NAME David Harold Noerper

8. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased March (Month) 16 (Day) 1940 (Year)

8. AGE: Years 0 Months 0 Days 8 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri. (State or foreign country)

10. Usual occupation Nil

11. Industry or business

FATHER
12. Name Walter Noerper
13. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Ardell Dewer
15. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Walter Noerper
(b) Address 8518 Minnesota ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof MARCH 26-40 (Month) (Day) (Year)
(c) Place: burial or cremation St. Trinity Lutheran Cem.

18. (a) Signature of funeral director C. Hoffmeister & Co.
(b) Address 7814 S. Broadway

19. (a) MAR 26 1940 (Date received local registrar) (b) J. F. Credeth (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 24, year 1940 hour 6:35 minute P. M.

21. I hereby certify that I attended the deceased from March 16, 1940, to March 24, 1940; that I last saw him alive on March 24, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death Icterus Gravis — Duration 8d.

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy None

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 C. E. Muehlebach (Date of death, month, day, year)
Address 1515 Lafayette, Date signed 3/25/40

(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 Louis C. Hoffmeister

Licensed Embalmer No. 3871

P. O. Address 7814 S. Broadway

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.