

FILED SEP 25 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 29496

Registration District No. 757

Primary Registration District No. 2036

Registrar's No. 149

1. PLACE OF DEATH:

(a) County St Charles
(b) City or town St Charles
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1901 No 2nd St 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 68 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St Charles
(c) City or town St Charles
(If outside city or town limits, write "RURAL")
(d) Street No. 1901 No 2nd
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME MARY E NOAH OSTD

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 Widowed
6. (b) Name of husband or wife D. K. Noah 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Feb 17 1870
(Month) (Day) (Year)

8. AGE: Years 67 Months 5 Days 17 If less than one day _____ hr. _____ min.

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

10. Usual occupation House Wife

11. Industry or business None

12. Name D. P. Lockhart

13. Birthplace Illinois
(City, town, or county) (State or foreign country)

14. Maiden name Minerva Fox
15. Birthplace Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Daniel A. Noah
(b) Address 1036 N. Main St Charles

17. (a) Burial (b) Date thereof Aug 16 1940
(Burial, cremation, or removal) (City or town) (County) (State) (Month) (Day) (Year)
(c) Place: burial or cremation St Charles Mo.

18. (a) Signature of funeral director Hushman - Banc
(b) Address 726 No 6th St St Charles Mo

19. (a) July 14-1940 (b) Thomas D. Messer
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 14
year 1940 hour 12:30 minute _____ P. M.

21. I hereby certify that I attended the deceased from 6-11-38, 19____, to 8-14-40, 19____;
that I last saw her alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Chr myocarditis Duration 5 yrs

Due to _____
Due to _____

Other conditions Chr nephritis 5 yrs
(Include pregnancy within months of death) Arteriosclerosis 5 yrs

Major findings: Of operations _____
Of autopsy 131
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?
70
While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature R. J. Bunkle (M. D. or other) _____
Address St Charles Mo. Date signed 8/15/40

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

2
4
3

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 Arthur C. Rose

Licensed Embalmer No. 3147

P. O. Address St Charles 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.