

No. 2  
1-10-39  
-17-39  
X21492

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH  
1003

State File No. **37225**  
Registrar's No. **9498**

Registration District No. **791**

Primary Registration District No. \_\_\_\_\_

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

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
2522 N. Garrison Ave.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days

FILED DEC 11 1940

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis 20  
(If outside city or town limit, write "RURAL")  
(d) Street No. 2522 N. Garrison Ave.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Catherine Noonan,

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. None

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

6. (b) Name of husband or wife Michael Noonan 6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased May 5 1873  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
67 6 13 hr. \_\_\_\_\_ min.

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

10. Usual occupation At Home

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name John Yung

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

14. Maiden name Dont know

15. Birthplace Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant Michael Noonan  
(b) Address 2522 N. Garrison Ave.

17. (a) Burial (b) Date thereof 11-20-40  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Cullinane Bros.  
(b) Address 1710 N. Grand Blvd.

19. (a) NOV 19 1940 (b) J. P. [Signature]  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 18  
year 1940 hour 12 minute 30 A.M.

21. I hereby certify that I attended the deceased from Dec 28 1938 to Nov 18 1940  
that I last saw h.w. alive on Nov 16 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis  
Duration 1 year

Due to Diabetes Mellitus 2 years

Due to arterial hypertension " "

Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: None  
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?

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature Geo B Kugel (M. D. or other) MD  
Address 3442 Geraldine Date signed 11/19/40

**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 Fred Frick

Licensed Embalmer No. 3186

P. O. Address St. Louis, Missouri

**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.**