

Registration District No. **7911** Primary Registration District No. **1003**

1. PLACE OF DEATH:

(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:  
Deaconess Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 4 hours. (Specify whether  
In this community 50 Years. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County 000  
(c) City or town St. Louis. (If outside city or town limits, write "RURAL") 10 17  
(d) Street No. 4232 Margaretta Ave. (If rural, give location) 9  
(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 18  
year 1941 hour 3:45 P.M. minute \_\_\_\_\_ P.M.

21. I hereby certify that I attended the deceased from May 12 1941, to May 18 1941  
that I last saw him alive on May 18 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Acute left cardiac failure  
Chronic myocarditis  
Due to Hypertension

Duration

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

Major findings:  
Of operations \_\_\_\_\_  
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) \_\_\_\_\_  
(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 Paul W. Duggan (M. D. or other) M.D.  
Address 3621 No. 20 St. Date signed 5/19/41

3. (a) PRINT FULL NAME Frank J. Noe.

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

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

6. (b) Name of husband or wife Late Emma H. Noe. 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased December 1 1866. (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
74 5 17 hr. min.

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

10. Usual occupation Retired Cabinet Maker.

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

12. Name Unknown.

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

14. Maiden name Unknown.

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

16. (a) Informant Frank J. L. Noe.

(b) Address 4232 Margaretta Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-22-41 (Month) (Day) (Year)

(c) Place: burial or cremation St. Peters cem.

18. (a) Signature of funeral director Hy. Leidner Und. Co.

(b) Address 2223 St. Louis Ave.

19. (a) MAY 19 1941 (Date received local registrar) (b) J.P. Duedich (Registrar's signature)

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

20  
7  
5

See page 20 of Embalming  
Ch 5880.

OCT 1  
1953

**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 Warner L. Ponder

Licensed Embalmer No. 3367

P. O. Address 2223 St Louis

**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, fact should be so stated above.**