

REGISTRY OF THE DECEASED
AUG SEP 17 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 27159
Registrar's No. 6951

Registration District No. 751

Primary Registration District No. 1003

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:
St. Louis City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Mo. 3 Days
(Specify whether
In this community _____
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") 617
(d) Street No. 4771 Greer Ave.
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 26,
year 1941 hour 9:30 minute P. M.
21. I hereby certify that I attended the deceased from July
24, 1941 to August 26, 1941;
that I last saw h. or alive on August 26, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Kidney, Carcinoma Duration _____

Due to _____
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?

(Specify type of place) _____
While at work? _____ (e) Means of injury _____
23. Signature W. D. Shanker (M. D. or other) MD
Address 1515 Lafayette Date signed 8-27-41

3. (a) PRINT FULL NAME Flora Noble
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 Widow

6. (b) Name of husband or wife George Noble 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased April 17 1877
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
64 4 9 _____ hr. _____ min.

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

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER { 12. Name Jourdan Pickering

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

14. Maiden name Mary Miller
(City, town, or county) (State or foreign country)

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

16. (a) Informant Mr. Jesse Noble

(b) Address 6719 Stratford Ave.

17. (a) Burial (b) Date thereof 8-29-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Stroot-Carroll

(b) Address 4600 Natural Bridge Ave.

19. (a) AUG 27 1941 (b) J. Theuer
(Date of registration) (Registrar's signature)

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

9333
0
570

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 Sheldon Collier

Licensed Embalmer No. 3382

P. O. Address 4600 W. Ridge N. 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, fact should be so stated above.