

No. 2
1-13-40
-17-39
X23159

FILED SEP 8 1941

Registration District No. **184**

Primary Registration District No. **106**

Registrar's No. **1790**

1. PLACE OF DEATH:

(a) County **St. Louis**

(b) City or town **Kirkwood**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **Ursuline Convent 4**
(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

3. (a) PRINT FULL NAME **Mother Claudine (Eliz. Noell)**

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 **Single**

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

7. Birth date of deceased **Feb 2 1860**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	81	6	27	hr. _____ min. _____

9. Birthplace **Louisiana** **Mo**
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name **Chesley Noell**

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

14. Maiden name **Sarah Emerson**

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

16. (a) Informant **Ursuline Convent**

(b) Address **800 E. Monroe Ave.**

17. (a) **Burial** (b) Date thereof **8-30-41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St. Peters Cem**

18. (a) Signature of funeral director **Louis H Bopp Inc**

(b) Address **Kirkwood, Mo.**

19. (a) **AUG 29 1941** (b) **E. M. Dawson, M.D.**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **St. Louis 96**

(c) City or town **Kirkwood 4**
(If outside city or town limits, write "RURAL") **3**

(d) Street No. **800 E. Monroe Ave.**
(If rural, give location) **0**

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Aug** day **29**
year **1941** hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from **1936**
_____, 19____, to **Aug 29**, 19____;
(that I last saw him alive on **Aug 26**, 19____;
and that death occurred on the date and hour stated above.)

Immediate cause of death **Pericarditis ovumia** **6-7 yrs.**

Due to _____

Due to **Myocarditis of 221**

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____
Of autopsy _____

Duration
6-7 yrs.
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 **E. J. Volkmann M.D.** (M. D. or other) **MD**

Address **53 W. Big Bend Webster** Date signed **8/29/41**
grows, Mo.

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

MOTHER FATHER

101

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.....

Louis H Papp

....., Registered Apprentice No.

working under my personal supervision.

Signed.....

Louis H Papp

Licensed Embalmer No.

921

P. O. Address

Kirkwood

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.