

791

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 29856  
Registrar's No. 7195

Registration District No. Primary Registration District No.

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: Little Flower Retreat House  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 5-Years  
In this community 81 Years  
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2500 So. 18th. St.  
(If rural, give location)  
(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 4th.  
year 1941 hour 3 minute P. M.  
21. I hereby certify that I attended the deceased from 8/27/41  
19   to 9/4/41 19  ;  
that I last saw him alive on 9/4/41 19  ;  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral haemorrhage  
Duration 9 days

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 Paul B. Webb (M. D. or other) \_\_\_\_\_  
Address 1920 Sidney Date signed 9/4/41

3. (a) PRINT FULL NAME Marv Nooney  
3. (b) If veteran, name war None  
3. (c) Social Security No. None

4. Sex F. 5. Color or race W. 6. (a) Single, widowed, married, divorced S.  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Nov. 11th., 1847  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
94 9 23 hr. min.

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

10. Usual occupation At Home

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

12. Name Christopher Nooney

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

14. Maiden name Bridget Riggs

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

16. (a) Informant Mr. Paul Girard  
(b) Address 5009 Lotus Ave.

17. (a) Burial (b) Date thereof 9-8-1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Arthur J. Donnelly  
(b) Address 3840 Lindell Blvd.

19. (a) SEP 5 1941 (b) J. Bredbeck  
(Date recorded local registrar) (Registrar's signature)

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

1920 Sidney  
10/12/20

**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 W H Van Matre  
Licensed Embalmer No. 2825  
P. O. Address 4340 Lafayette

**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.**