

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **3619**
Registrar's No. **144**

FILED JAN 27 1942
Registration District No. **115**

Primary Registration District No. **115**

96
51
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: #7233 Delmar Bly'd.
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County St. Louis

(c) City or town Webster Groves
(If outside city or town limits, write "RURAL")

(d) Street No. 408 Tuxedo
(If rural, give location)

(e) Citizen of foreign country? no. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME FRANCES NOBLE.

3. (b) If veteran, name war none.

3. (c) Social Security No. none.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan'y day 17,
year 1942 hour 4:00 minute P. M.

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

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

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

7. Birth date of deceased August 13, 1882
(Month) (Day) (Year)

Immediate cause of death Natural causes Duration _____

8. AGE:

Years	Months	Days	If less than one day
<u>59.</u>	<u>5.</u>	<u>4.</u>	hr. _____ min.

Due to Rupture of thoracic aorta; marked arteriosclerosis of the aorta; marked arteriosclerosis of the splenic artery; intra-pericardial portion

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

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

10. Usual occupation At Home

Major findings: 97
Of operations _____
Of autopsy Yes

PHYSICIAN

Underline the cause to which death should be charged statistically.

11. Industry or business _____

MOTHER FATHER { 12. Name Wm Jordan Teale

13. Birthplace Ossett Commons, Eng.
(City, town, or county) (State or foreign country)

14. Maiden name Pauline Bessert

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

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? _____

16. (a) Informant Mrs Mary Meier

(b) Address 408 Tuxedo, Webster Groves

17. (a) Cremation, (b) Date thereof 1/19/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Crematory

While at work? _____
(Specify type of place) (Means of injury)

23. Signature Louis H. Bopp (M.D. or other) _____
Address Kirkwood, Mo. Date signed 1/19/42

18. (a) Signature of funeral director C.R. Lupton & Sons

(b) Address #7233 Delmar Boulevard

19. (a) JAN 19 1942 (Date received local registrar)

(b) C. H. McParsons (Registrar's signature)

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 *Clarence H. Murray*

Licensed Embalmer No. *4011*

P. O. Address *St. 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.