

FILE FEB 18 1943

State File No. \_\_\_\_\_

Registration District No. 1818

Primary Registration District No. 1003

Registrar's No. 586

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

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:  
2931 South 18th St.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....  
(Specify whether years, months or days)

In this community.....  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME ANNA NOEL

3. (b) If veteran, name war NO

3. (c) Social Security No. NO

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced, Widow

6. (b) Name of husband or wife Peter Noel

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

7. Birth date of deceased March 21st, 1866  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>76</u>	<u>9</u>	<u>27</u>	..... hr. .... min.

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

10. Usual occupation At Home

11. Industry or business.....

12. Name Jacob Muehlbach

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

14. Maiden name Unknown Grogglut

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

16. (a) Informant Michel Noel

(b) Address 2111 Menard St., St. Louis, Mo.

17. (a) Burial  
(Burial, cremation, or removal)

(b) Date thereof Jan. 21, 1943  
(Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus Cemetery

18. (a) Signature of funeral director Will Brock Sr. M.D.

(b) Address 2929 So. Jefferson St. Louis, Mo.

19. (a) JAN 20 1943  
(Date received local registrar)

(b) J. F. Bredeck  
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

(c) City or town St. Louis  
(If outside city or town limits, write "RURAL.")

(d) Street No. 2931 South 18th St.  
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country..... 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 18th  
year 1943 hour 4 minute 00 P. M.

21. I hereby certify that I attended the deceased from January 18, 1943  
to January 18, 1943  
that I last saw her alive on January 18, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Philipus cerebral embolus  
Arteriosclerosis, hypertensive  
Senility

Due to.....

Due to.....

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

PHYSICIAN

Major findings:  
Of operations.....

Of autopsy.....

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 J. A. Hartmann, M.D. (M.D. or other).....  
Address 602 Anthony Bldg Date signed Jan 20, 1943

**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.....  
*Edgar F. Witt*....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....*Edgar F. Witt*.....  
Licensed Embalmer No. *2117*.....  
P. O. Address. *5929 S. Jefferson*.....

**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.**