V. S. No. 2
50M—5-42
ev. 5-17-39
I X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

8637

State File No.

FILED MAR 20 1943 318

Registration District No. Primary Registration District No. 1003

Registrar's No. 2185

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

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: ST. ANTHONY HOSPITAL 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 DAYS (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County 12 16

(c) City or town ST. LOUIS 9
(If outside city or town limits, write "RURAL")

(d) Street No. 4029 PARKER AVE.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME JAMES J. NOBLE

3. (b) If veteran, name war

X (c) Social Security No. 488-28-5181

4. Sex MALE

5. Color or race WHITE

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

6. (b) Name of husband or wife CARETL NOBLE

6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased Sept. (Month) 11 (Day) 1874 (Year)

8. AGE: Years 68 Months 5 Days 24 If less than one day hr. min.

9. Birthplace ST. LOUIS (City, town, or county) MO 0 (State or foreign country)

10. Usual occupation PLUMBER

11. Industry or business

MOTHER FATHER

12. Name JOHN NOBLE

13. Birthplace (City, town, or county) ITALY 5 (State or foreign country)

14. Maiden name CATHERINE REPPETO

15. Birthplace (City, town, or county) ITALY 5 (State or foreign country)

16. (a) Informant JAMES NOBLE

(b) Address 4029 PARKER AVE.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 3-8-43 (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY CEMETERY

18. (a) Signature of funeral director Arthur J. Donnelly

(b) Address 3840 Lindell Blvd

19. (a) MAR 7 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 5 year 1943 hour 3 minute 15 P.M.

21. I hereby certify that I attended the deceased from 3-2-43 to 3-5-43 that I last saw him alive on 3-5-43 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma (Bowel)	1 yr.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

Dr. Burton Bohannon

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 0

23. Signature Burton Bohannon (M. D. or other)

Address 2602 So. Grand Date signed 3-6-43

(Licensed Embalmer's Statement on Reverse Side)

Dr Oskanson
2602 S [illegible]
130-3[illegible]

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 Stanley Marshall

Licensed Embalmer No. 2868

P. O. Address 3840 Lindell

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.