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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

FILED MAR 30 1943 318 1005

State File No. 2710

Registration District No. ..... Primary Registration District No. ..... Registrar's No. .....

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

1. PLACE OF DEATH:

(a) County .....

(b) City or town St. Louis, Missouri (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Louis City 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 In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17

(c) City or town St Louis 9 27 (If outside city or town limits, write "RURAL")

(d) Street No. 2728 St Vincent (If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Ida Mary Noll

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 Widowed 2

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

7. Birth date of deceased March 16 (Month) 1871 (Day) (Year)

8. AGE: Years 72 Months 0 Days 2 If less than one day ..... hr. ..... min.

9. Birthplace St Louis (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation At Home

11. Industry or business .....

FATHER
12. Name William Schroeder
13. Birthplace ..... (City, town, or county) Germany 4 (State or foreign country)

MOTHER
14. Maiden name Johanna Hess
15. Birthplace ..... (City, town, or county) Germany 4 (State or foreign country)

16. (a) Informant Walter Noll

(b) Address 3541 Henrietta

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 22 1943 (Month) (Day) (Year)

(c) Place: burial or cremation St Trinity Lutheran Cem

18. (a) Signature of funeral director Beiderwieden Funl Home Inc

(b) Address 1936 St Louis Ave

19. (a) MAR 22 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

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MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 18, year 1943 hour 10:40 minute P. M.

21. I hereby certify that I attended the deceased from March 15, 1943 to March 18, 1943 that I last saw her alive on March 18, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerotic Heart disease

Due to Generalized arteriosclerosis

Due to 92

Other conditions (Include pregnancy within 3 months of death) Senile dementia

Major findings: Of operations .....

Of autopsy Thrombus left ventricle

Duration

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 Homer Sweetman M.D. (M. D. or other)

Address 1515 Lafayette Avenue. Date signed 3/19/43

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No. 3737

P. O. Address 1936 N. Kom

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.