U. S. No. 2
10M—5-42
Rev. 5-17-39

FILED

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

APR 28 1943

Registration District No. 318

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 12581

Registrar's No. 3622

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: 2425 Laflin St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ; In this community (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2425 Laflin St.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Patrick Noonan
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widower
6. (b) Name of husband or wife Anna Murray
6. (c) Age of husband or wife if alive years
7. Birth date of deceased April (Month) 10 (Day) 1862 (Year)
8. AGE: Years 81 Months 0 Days 6 If less than one day hr. min.
9. Birthplace Co. Cork (City, town, or county) Ireland (State or foreign country)
10. Usual occupation Laborer
11. Industry or business Water Dept. City St. Louis
MOTHER FATHER
12. Name Patrick Noonan
13. Birthplace (City, town, or county) Ireland (State or foreign country)
14. Maiden name Unknown
15. Birthplace (City, town, or county) Ireland (State or foreign country)
16. (a) Informant William Noonan
(b) Address 2425 Laflin St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4- 20-43 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director Cullinane Bros.
(b) Address 1710 N. Grand Blvd.
19. (a) APR 19 1943 (Date received local registrar) (b) J. F. Medeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 16 year 1943 hour 6 minute 30 p M.
21. I hereby certify that I attended the deceased from July 10 1943 to April 16 1943 that I last saw him alive on April 16 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage	2 hr
Due to Malad. Kidney Regurgitation	1 y
Due to	
Other conditions (Include pregnancy within 3 months of death) Chronic nephritis	1 y
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?
While at work? (Specify type of place) (e) Means of injury
23. Signature B. L. Siegal (M. D. or other)
Address 187 S. Maple Date signed 4/17/43

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(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 Fred Frick

Licensed Embalmer No. 3186

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.