

S. No. 2
M-5-43
7-5-17-39
I X38671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33470

State File No.

FILED NOV 10 1943

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 9454

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:
4527a Labadie Ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None
(Specify whether
in this community.....
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. 4527a Labadie Ave
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Noble J. Rich

3. (b) If veteran, name war None 3. (c) Social Security No. 702-09-3764

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Augusta A Rich Nee Pitzner 6. (c) Age of husband or wife if alive 56 years
7. Birth date of deceased August 14, 1885
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
58 2 11 hr. min.

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

10. Usual occupation Engineer

11. Industry or business Terminal R.R.

MOTHER FATHER { 12. Name Joseph Rich
13. Birthplace Unknown Indiana
(City, town, or county) (State or foreign country)
14. Maiden name Emma Greek
15. Birthplace Unknown Indiana
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Augusta A. Rich
(b) Address 4527a Labadie Ave

17. (a) Burial (b) Date thereof 11/28/43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Friedens Cemetery

18. (a) Signature of funeral director Math Hermann & Son
(b) Address 2161 East Fair Ave

19. (a) Oct 27 1943 (b) J. F. Bueck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October Day 25th
Year 1943 hour 3:55 AM minute..... M.

21. I hereby certify that I attended the deceased from June 2nd
1943 to July 14th 1943
that I last saw him live on July 14th 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis
Internal Abscess
Chronic Bronchitis
Chronic Myocarditis
Due to.....
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations.....
Of autopsy.....

Duration Sudden
Post
4:00

PHYSICIAN

22. If death was due to natural 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) (c) Means of injury.....

23. Signature Dr. Theo Vogel (M. D. certificate)
Address 4244 N. Gloucest Date signed 10/26/43

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

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 Francis A. Williamson
Licensed Embalmer No. 3565
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.