

FILED JAN 3 1944 318

Registration District No. _____ Primary Registration District No. 1003

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:
3737 Texas /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 85 years
years, months or days

3. (a) PRINT FULL NAME Noack, Robert W.

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Amalia Brinkmann Noack 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased October 23 1848
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
95 1 28 hr. min.

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

10. Usual occupation Cooper

11. Industry or business Cooperage

12. Name William Noack

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

14. Maiden name Amalia Prietzel

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

16. (a) Informant Mrs. Emma Stubnatzy

(b) Address 3737 Texas

17. (a) Burial (b) Date thereof Dec. 24, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Concordia Cem.

18. (a) Signature of funeral director Beiderwieden F.H., Inc.

(b) Address DEC 23 1943 23936 St. Louis Ave

19. (a) DEC 23 1943 (b) J. F. Bruch
(Date received local health officer) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 17
(c) City or town St. Louis 924
(If outside city or town limits, write "RURAL")
(d) Street No. 3737 Texas
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 21
year 1943 hour 7 minute 15 P. M.

21. I hereby certify that I attended the deceased from Dec. 16th 1943 to Dec. 21st 1943
that I last saw him alive on Dec. 21st 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic interstitial nephritis Duration Several yrs

Due to Arterio-sclerosis Several yrs

Due to _____

Other conditions (Include pregnancy within 3 months of death) 1210

Major findings: Of operations _____

Of autopsy NO

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 G. W. Schuch (M. D. or other)
Address 5182 Rosa Ave Date signed 12/21/43

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

No. Schuerich
51821 Road

Lo 2110

Until 11 a.m.

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 Felix J. Krispin

Licensed Embalmer No. 3467

P. O. Address 1936 St. Louis

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.