

S. No. 2  
M-8-43  
5-17-39  
P-1 X37823

13155

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED MAY 2 1944 318

Registration District No. .... Primary Registration District No. 1003 Registrar's No. 3677

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: City Infirmary  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. 1 Mo. 6 Days  
(Specify whether

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County 000  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL") 1725  
(d) Street No. 1510 No. Market St.  
(If rural, give location) 1  
(e) Citizen of foreign country? ..... (Yes or No)  
If yes, name country. American

3. (a) PRINT FULL NAME Robert Noening  
3. (b) If veteran, name war ..... 3. (c) Social Security No. ....

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month April 19, day 19, 1944  
year ..... hour 1:40 P.M. minute ..... M.

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Widower  
6. (b) Name of husband or wife ..... 6. (c) Age of husband or wife if alive ..... years  
7. Birth date of deceased March 13 1869  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from March 13, 1944  
April 19, 1944  
that I last saw him alive on April 19, 1944  
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>75</u>	<u>1</u>	<u>6</u>	hr. .... min.

Immediate cause of death  
Cerebral thromboses  
Due to Generalized arteriosclerosis  
Due to .....

9. Birthplace Cape Girardeau, Mo.  
(City, town, or county) (State or foreign country)

Other conditions Old hemiplegia;  
(Include pregnancy within 3 months of death)  
Paranoid state; deafness

10. Usual occupation Nil  
11. Industry or business .....  
12. Name Herman Noening  
13. Birthplace Germany  
(City, town, or county) (State or foreign country)  
14. Maiden name Sophia Siemers  
15. Birthplace Frankfort, Germany  
(City, town, or county) (State or foreign country)

Major findings:  
Of operations .....  
Of autopsy as above  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

16. (a) Informant M. Geasland  
(b) Address 5800 Arsenal St.  
17. (a) Burial (b) Date thereof 4/21/44  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation: Old St. Maries

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? .....

18. (a) Signature of funeral director: Ed St. Maries  
(b) Address 3024 Lafayette  
19. (a) APR 21 (b) 1944 (c) J. J. Bredel  
(Date received local registrar) (Registrar's Signature)

While at work? ..... (e) Means of injury .....  
Signature Homer A. Sweetman MD  
Address 500 Arsenal Date signed 4-20-44

**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 Frank J. Owens

Licensed Embalmer No. 2245

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.**