

FILED MAY 2 1944
818

Primary Registration District No. 1003

Registrar's No. 3781

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: St. Louis City Hospital #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 7422 Tennessee Ave.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME John F. Noonan

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

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

6. (b) Name of husband or wife Elizabeth 6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased May 18 1869
(Month) (Day) (Year)

8. AGE: Years 74 Months 10 Days 3 If less than one day hr. min.

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

10. Usual occupation Retired sheet metal worker

11. Industry or business _____

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Mrs. Elizabeth Noonan

(b) Address 7422 Tennessee Ave.

17. (a) Burial (b) Date thereof 4/24/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Hope Cemetery

18. (a) Signature of funeral director Jos. P. Linder Jr.

(b) Address 7128 Michigan Ave.

19. (a) APR 24 1944 (Date received local registrar) J. F. Badoch (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 21 year 1944 hour 2:30 minute A. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary artery thrombosis Duration _____
Branches from main trachea 9/7/80
9/8 and 10/8 of his right side. Suffered
from a fall in ballroom at his
home 6432 Tennessee Ave. on
March 13 1944 exact time
unknown

Other conditions. (Include pregnancy within 3 months of death) _____

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) Accident

(b) Date of occurrence March 13 1944

(c) Where did injury occur? St. Louis (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? No (Specify type of place) (a) Means of injury fall

23. Signature Edward J. Perrot (M.D. or other) _____
Address _____ Date signed 4/21/44

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

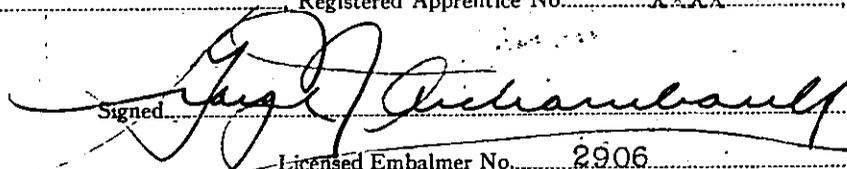
MOTHER FATHER

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.....

George N. Archambault..... Registered Apprentice No. XXXX
working under my personal supervision.

Signed



Licensed Embalmer No. 2906

P. O. Address. 7128 Michigan Ave.

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.