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ev. 5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED OCT 23 1944

Registration District No. 818

Primary Registration District No. 1003

Registrar's No. 8748

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:  
3941a Lafayette Avenue  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
Life (Specify whether)

In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME LEONA WRIGHT NOBLE

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Clarence H. Noble

6. (c) Age of husband or wife if alive dec. years

7. Birth date of deceased 11 23 1884  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

59	10	20	_____ hr. _____ min.
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9. Birthplace Belleville Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name William W. Wright

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

14. Maiden name Sophia C. Reier

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

16. (a) Informant Kay Noble

(b) Address 3941a Lafayette

17. (a) Burial (b) Date thereof 10-16-1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Alexander & Sons

(b) Address 6175 Delmar Boulevard

19. (a) OCT 15 1944 (Date received local Registrar's certificate)  
J. F. Bredeek (Registrar's signature)

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. 3941a Lafayette Avenue  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 13  
year 1944 hour 10 minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from 10-9 1944 to 10-13 1944  
that I last saw her alive on 10/11 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Al Cardiac Failure Duration 5 D

Due to Cerebral Thrombosis 5 D  
Aphy Thrombosis

Due to Hypertension 7  
Cerebral Rival  
basilar dis.

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: Of operations none

Of autopsy none

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)

(c) Means of injury \_\_\_\_\_

23. Signature George J. McKay MD (M.D. or other)

Address 3903 Olive Street Date signed 10-14-44

**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 *Thomas R. Fenwick*

Licensed Embalmer No. *3793*

P. O. Address *St. Louis, Mo. 12.*

**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.)**

*6175 Selmar*

**If this body is not embalmed, fact should be so stated above.**