. S. No. 2
M—8-43
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36256

State File No.

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 10048

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Homer G. Phillips Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 mo. 14 days (Specify whether years, months or days)

In this community 24 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 17

(c) City or town St. Louis, 9 18
(If outside city or town limits, write "RURAL")

(d) Street No. 17 So. Channing
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME William Noggins

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 1

5. Color or race Colored

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Nellie Noggins

6. (c) Age of husband or wife if alive 30 years

7. Birth date of deceased October 15, 1895 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
49	1	7	hr. min.

9. Birthplace La. 1
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business

FATHER
12. Name Foster Noggins
13. Birthplace La. 1
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Sallie Ackenen
15. Birthplace La. 1
(City, town, or county) (State or foreign country)

16. (a) Informant Nellie Noggins

(b) Address 2710 Lawton

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-28-44 (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director D. M. Green

(b) Address 3517 Laclede Avenue

19. (a) NOV 27 1944 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 22, year 1944 hour 6 minute 30 P. M.

21. I hereby certify that I attended the deceased from October 8, 1944, to November 22, 1944; that I last saw him alive on November 22, 1944; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
General Paresis	Unk.
Avitaminosis	Unk.
Due to	
Due to	
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:

(c) 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? (Specify type of place)

While at work (e) Means of injury

23. Signature H. J. Erwin (M. D., or other)

Address 2601 N. Whitelaw Date signed 11/24/44

(Licensed Embalmer's Statement on Reverse Side)

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 [illegible]

Licensed Embalmer No. 1173

P. O. Address 3517 Sackett 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.