. S. No. 2
DM—8-43
v. 5-17-39
P I X37623

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 27 1944

Registration District No. 318

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 39666

Registrar's No. 10769

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: 5540 Goethe
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 (Specify whether
In this community 50 Years
years, months or days)

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. 5540 Goethe
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Philip Noll

3. (b) If veteran, name war No

3. (c) Social Security No. none

4. Sex Male

5. Color or race White

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

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

7. Birth date of deceased Apr. (Month) 1 (Day) 1870 (Year)

8. AGE: Years 74 Months 8 Days 13 If less than one day hr. min.

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

10. Usual occupation ret. Baker

11. Industry or business

MOTHER FATHER

12. Name Henry Noll

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

14. Maiden name Katherine Amen

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

16. (a) Informant Walter Noll
(b) Address 5464 Morganford

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-18-1944 (Month) (Day) (Year)
(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director W. Schumacher
(b) Address 3013 Meramec

19. (a) DEC 18 1944 (Date received local registrar) (b) J. F. Breden (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 14th. year 1944 hour 10 minute 45 P. M.

21. I hereby certify that I attended the deceased from Feb. 12th, 1944, to December 14, 1944 that I last saw him alive on December 13th 1944 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Acute Myocarditis	3 day
Due to	
Due to	
Other conditions Poly Cythemia Vera (Include pregnancy within 3 months of death)	10 mo.

Major findings:
Of operations xxxx
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? (Specify type of place)
While at work? (e) Means of injury 0

23. Signature Dr. H. H. Walters (M. D. ~~or other~~)
Address 3608 So. Grand Blvd Date signed 12/16/44

(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 Francis Williamson

Licensed Embalmer No. 3565

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.