S. No. 2
M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED AUG 24 1945

State File No. 25990

Registration District No. 818 Primary Registration District No. 1005 Registrar's No. 7151

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: 4320 So. Compton Ave., (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 Missouri, (b) County 000

(c) City or town St. Louis, 17 15 (If outside city or town limits, write "RURAL")

(d) Street No. 4320 So. Compton Ave., 9 (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Marie E. Noll,

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female,

5. Color or race White,

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

6. (b) Name of husband or wife John J. Noll,

6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased December (Month) 26, (Day) 1892 (Year)

8. AGE: Years 52 Months 7 Days 16 If less than one day hr. min.

9. Birthplace St. Louis, (City, town, or county) Missouri, (State or foreign country)

10. Usual occupation At Home,

11. Industry or business

FATHER 12. Name Edward J. Dierkes,

13. Birthplace St. Louis, (City, town, or county) Missouri, (State or foreign country)

MOTHER 14. Maiden name Elisabeth Blank,

15. Birthplace St. Louis, (City, town, or county) Missouri, (State or foreign country)

16. (a) Informant John J. Noll,

(b) Address 4320 So. Compton Ave.,

17. (a) Burial, (Burial, cremation, or removal) (b) Date thereof 8/16/45 (Month) (Day) (Year)

(c) Place: burial or cremation New SS. Peter & Paul Cem.

18. (a) Signature of funeral director Gebken-Benz Mortuary

(b) Address 2842 Meramec St.,

19. (a) AUG 15 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 12th year 1945 hour 2:00 minute P. M.

21. I hereby certify that I attended the deceased from January 6th, 1945, to Augusty 12th, 1945, that I last saw her alive on August 12th, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac - Respiratory Failure

Due to Carcinomatosis generalized

Due to Bladder Cancer

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations Cancer of Bladder

Of autopsy 52

Duration

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

23. Signature [signature] (M. D. or other)

Address 3651 Grand Ave. Date signed 8-13-45

(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 3454

....., Registered Apprentice No.....,

working under my personal supervision.

Signed David C. Gibson

Licensed Embalmer No. 3454

P. O. Address 1311 Princeton Pl

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.