

S. No. 2
FORM-5-43
Rev. 5-17-39
I X36671

FILED NOV 19 1945
Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **9722**

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

1. PLACE OF DEATH:

(a) County **St. Louis,**

(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 years, months or days)

In this community _____
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **John J. Noll,**

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

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

6. (b) Name of husband or wife **Marie E. Noll,** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **July 24, 1892**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	53	3	14	hr. _____ min. _____

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

10. Usual occupation **Service Representative**

11. Industry or business **Firestone Tire & Rubber Co.**

MOTHER FATHER

12. Name **Jacob Noll,**

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

14. Maiden name **Elizabeth Schoener,**

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

16. (a) Informant **Robert J. Noll,**

(b) Address **4320 So. Compton Ave.,**

17. (a) **Burial,** (b) Date thereof **11/12/45**
(Burial, cremation, or removal) (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) **NOV 9 1945** (Date reported to Registrar) **J. F. Bredek** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri,** (b) County **000**

(c) City or town **St. Louis** **15-17**
(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) **0**

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **November** day **8th**
year **1945** hour **1:** minute **15** A.M.

21. I hereby certify that I attended the deceased from **Nov. 4** 1945, to **Nov. 8** 1945;
that I last saw **him** alive on **Nov. 8** 1945
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary occlusion** **Platation**

Due to **Chronic myocarditis - history chest signs**

Due to _____

Other conditions **93**
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: _____
Of operations: _____

Of autopsy: _____

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? _____

23. Signature **J. F. Bredek** (M. D., physician)
Address **335 3/4 Bredek Ave. St. Louis** signed **11-8-45**

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.....

W E Morris

Licensed Embalmer No. *3360*

P. O. Address.....

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.