

No. 2
-12-45
5-17-39
X47070

FILED *SEP 13 1946*
318

State File No. _____
8752

Registration District No. _____ Primary Registration District No. 1003

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:
DePaul Hospital, 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 week, 6 days
(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,
(If outside city or town limits, write "RURAL") 1577

(d) Street No. 3920 Itaska St.,
(If rural, give location) 9

(e) Citizen of foreign country? No (Yes or No) 9

If yes, name country _____

3. (a) PRINT FULL NAME Infant Noble,

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 9th
year 1946 hour 9 minute _____ P. M. _____

21. I hereby certify that I attended the deceased from Oct 3
1946 to Oct 9 1946

that I last saw her alive on Oct 9 1946
and that death occurred on the date and hour stated above.

4. Sex Female, 5. Color or race White, 6. (a) Single, widowed, married, divorced Single, 0

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

7. Birth date of deceased. October 3, 1946
(Month) (Day) (Year)

Immediate cause of death Congenital Heart Defect Atherosclerosis

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy As above

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

0-0-6 hr. _____ min.

9. Birthplace St. Louis, Missouri, 0
(City, town, or county) (State or foreign country)

10. Usual occupation Infant.,

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

MOTHER FATHER {

11. Industry or business _____

12. Name John E. Noble, //

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

14. Maiden name Helen Van Riet, //
(City, town, or county) (State or foreign country)

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

16. (a) Informant John E. Noble,

(b) Address 3920 Itaska St.,

17. (a) Burial, (b) Date thereof 10/11/46
(Burial, cremation, or removal) (Month) (Day) (Year)

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

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

(b) Address 2842 Meramec St.

19. (a) OCT 11 1946 (b) J. F. Br...
(Date received local registrar) (Registrar's signature)

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)

(e) Means of injury _____

Signature P. M. D. Jordan (M. D. or other) 10/10/46

Address 400 Olive St Date signed _____

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

34281

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.

NO EMBALMING

Signed Laron E. Percy
Licensed Embalmer No. 4098
P. O. Address 7847 Memphis

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.