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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35462

FILED NOV 7 1946

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9102

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution:
St. Louis City Hospital-Max C. Starkloff Memorial
(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 MO (b) County

(c) City or town ST. LOUIS
(If outside city or town limits, write "RURAL")

(d) Street No. 4011 CLAYTON AVE
(If rural, give location)

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

If yes, name country

18000
17
9
0

3. (a) PRINT FULL NAME DAVID NOONAN

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 SINGLE

6. (b) Name of husband or wife

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

7. Birth date of deceased MAY (Month) 30 (Day) 1884 (Year)

8. AGE: Years 62 Months 4 Days 23 If less than one day hr. min.

9. Birthplace ST. LOUIS (City, town, or county) MO (State or foreign country)

10. Usual occupation TEAMSTER

11. Industry or business UNEMPLOYED

FATHER
12. Name JOHN NOONAN 4
13. Birthplace (City, town, or county) IRELAND (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace NORA SULLIVAN (City, town, or county) IRELAND (State or foreign country) 4

16. (a) Informant PEARL WILLIAMS

(b) Address 4011 CLAYTON AVE

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 10 (Month) 25 (Day) 46 (Year)

(c) Place: burial or cremation NEW SS PETER + PAUL CEM.

18. (a) Signature of funeral director KRIEGSHAUSER UND CO.

(b) Address 4228 SO. KINGSHIGHWAY BL.

19. (a) OCT 24 1946 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 23rd year 1946 hour 12;05 minute A M.

21. I hereby certify that I attended the deceased from 10;7;46, 19, to 10;23;46, 19; that I last saw him alive on 10/23/46, 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Parkinson's Disease	15 years
Not result of Encephalitis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

87

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? Means of injury

23. Signature [signature] 2515 Lafayette 10/23/46 (M.D. or other)

Address Date signed

(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 Richard W. Stovesand

Licensed Embalmer No. 4007

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.