

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
1003

State File No. 6757
Registrar's No. 985

FILED FEB 17 1947
318

Registration District No. _____ Primary Registration District No. _____

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:
Enroute to City Hospital #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 25 years
years, months or days)

3. (a) PRINT FULL NAME Hugh M. Noble
3. (b) If veteran, name war Nil 3. (c) Social Security No. 498-07-9654

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife Emma 6. (c) Age of husband or wife if alive 34 years
7. Birth date of deceased July 28 1904
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
42 5 29 hr. min.

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

10. Usual occupation Mechanic

11. Industry or business _____

MOTHER FATHER
12. Name Ernest Noble
13. Birthplace Macon, Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Ada Wheatley
15. Birthplace Columbia Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Ada Mitchel
(b) Address 1313 So. 7th Street

17. (a) Burial (b) Date thereof 1-30-47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Matthews Cemetery

18. (a) Signature of funeral director A.W. McLaughlin
(b) Address 2301 La Fayette Ave.

19. (a) JAN 29 1947 (b) J. P. Budeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis 23 17
(If outside city or town limits, write "RURAL")
(d) Street No. 1313 So. Seventh Street 7
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 27th
year 1947 hour _____ minute 20 P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death 1 Separation of Cranium
2 Subdural Hemorrhage
of brain which jumped from
the wall of skull of 14th Hospital
at one level a few inches below
ground level Jan. 27, 1947

Other conditions Present while suffering
(Include pregnancy within 3 months of death)
Temporary mental aberration
Major findings: _____
Of operations _____
Of autopsy Holt

Duration
Underline
the cause to
which death
should be
charged sta-
tistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Suicide
(b) Date of occurrence Jan. 27 1947
(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?
City Hospital

While at work? _____ (Specify type of place)
(a) Means of injury as above

23. Signature [Signature] (M. D. or other) _____
Address _____ Date signed 1/29/47

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

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..... *C W Cooper*.....
Licensed Embalmer No..... *3830*.....
P. O. Address..... *2301 Lafayette Avenue*.....

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.