

No. 2
12-45
-17-39
X47070

FILED MAR 24 1947

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **2177**

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

1. PLACE OF DEATH:

(a) County St. Louis, Missouri.

(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
(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)

3. (a) PRINT FULL NAME FRANK NOBLE

3. (b) If veteran, name war. no

3. (c) Social Security No. none

4. Sex Male White race

5. Color or race White

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

6. (b) Name of husband or wife Bertha

6. (c) Age of husband or wife if alive 81 years

7. Birth date of deceased Nov. 28, 1864
(Month) (Day) (Year)

8. AGE:

| Years | Months | Days | If less than one day |
|-----------|----------|-----------|----------------------|
| <u>82</u> | <u>3</u> | <u>10</u> | hr. min. |

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

10. Usual occupation Retired—Painter

11. Industry or business

MOTHER FATHER

12. Name Henry B. Noble

13. Birthplace Lincolnshire, England
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Lynan

15. Birthplace Lincolnshire, England
(City, town, or county) (State or foreign country)

16. (a) Informant Bertha Noble

(b) Address 2725a Accomac St.

17. (a) Burial (b) Date thereof March 11, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director See Funeral Home

(b) Address 3029 Lafayette Ave.

19. (a) MAR 10 1947 (b) J. F. Breese
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

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

(d) Street No. 2725a Accomac St.
Memorial
(If rural, give location)

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

If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 8th
year 1947 hour 4:00 minute a M.

21. I hereby certify that I attended the deceased 2/2/47
....., 19..... to 3/8/47, 19.....
that I last saw him alive on 3/8/47, 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death Broncho pneumonia

Due to.....

Due to..... 107

Other conditions 107
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....
Of autopsy.....

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 0

23. Signature D. M. Fitzgerald (M. D. or other).....
Address 1515 Lafayette 3/8/47

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.....

David Van Torsan

Licensed Embalmer No. *4247*

P. O. Address *3029 Lafayette*

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.