

FILED SEP 8 1947 318  
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: Christian Hospital  
(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 0-00

(c) City or town St. Louis  
(If outside city or town limits, write "RURAL") 17

(d) Street No. 5088 Wells Ave.  
(If rural, give location) 9

(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME James Richard Noble

3. (b) If veteran, name war..... 3. (c) Social Security No. 490-03-0217

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Elizabeth Noble 6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased Mar. 1 1882  
(Month) (Day) (Year)

8. AGE: Years 65 Months 5 Days 29 If less than one day hr. min.

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

10. Usual occupation Metal Polisher

11. Industry or business Day-Bright Reflector Co.

12. Name John Noble

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

14. Maiden name Ann Wilson

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

16. (a) Informant Elizabeth Noble

(b) Address 5088 Wells Ave.

17. (a) Burial (b) Date thereof 9-2-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove

18. (a) Signature of funeral director Drehmann-Harral

(b) Address 1905 Union Blvd.

19. (a) SEP 2 1947 (b) J. F. Braden  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 30  
year 1947 hour 9 minute 15 A. M.

21. I hereby certify that I attended the deceased from Aug. 28, 1947, to Aug 30, 1947  
that I last saw him alive on Aug. 29, 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death:  
1) Peptic ulcer, perforation of  
2) peritonitis, secondary to (1)

Due to 117  
Other conditions (include pregnancy within 3 months of death)

Major findings: Revealed perforation ant. wall of stomach near pylorus  
Of operations: Revealed perforation ant. wall of stomach near pylorus  
Of autopsy: Revealed perforation ant. wall of stomach near pylorus

PHYSICIAN  
Underline the cause of 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?..... (c) Means of injury.....

23. Signature William H. Grundmann (M. D. or other) M.D.  
Address 2519 N. Jefferson Date signed 9/3/47

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

MOTHER FATHER

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 Warren A. Carver

Licensed Embalmer No. 3534

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.