S. No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 36119

FILED OCT 24 1947

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 9520

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

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: City Hospital #1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 hours (Specify whether
In this community 29 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

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

(d) Street No. 3223 Caroline Street
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME ADOLPH NOLL

3. (b) If veteran, name war Nil

3. (c) Social Security No. None

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife Nellie

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased August 5, 1863
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
84	2	7	hr. min.

9. Birthplace ? Germany
(City, town, or county) (State or foreign country)

10. Usual occupation Cabinet-maker

11. Industry or business retired

FATHER
12. Name unknown
13. Birthplace
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name unknown
15. Birthplace
(City, town, or county) (State or foreign country)

16. (a) Informant Nellie Noll (nee Onsott)
(b) Address 3223 Caroline Street

17. (a) burial (b) Date thereof 10-15-47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Murphysboro, Illinois

18. (a) Signature of funeral director A.W. McLaughlin
(b) Address 2301 Lafayette Avenue

19. (a) OCT 14 1947 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 12th
year 1947 hour 2 minute 45 a M.

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

Immediate cause of death Brain injury suffered when deceased fell back wood down give Concrete Good Step leading to the basement of this home at 3223 Caroline St. Oct 11th 1947 at about 5.45 p.m.

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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) Accident

(b) Date of occurrence Oct 10 1947

(c) Where did injury occur? St Louis Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? None
(Specify type of place)

While at work? (e) Means of injury to above

23. Signature Patrick E. Taylor (M. D. or other) 3
Address Deputy Coroner Date signed 10-14-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

coroner

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 L. R. Cooper

Licensed Embalmer No. 3633

P. O. Address 2301 Lafayette Blvd

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.