No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAR 4 1948
Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 6830
Registrar's No. 1691

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

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 5734 Roosevelt Place., 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 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 5734 Roosevelt Place., 9
(If rural, give location)
(e) Citizen of foreign country? 6 (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Susan Noonan
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female 1
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Thomas J. Noonan
6. (c) Age of husband or wife if alive years
7. Birth date of deceased June (Month) 30 (Day) 1874 (Year)

8. AGE: Years 73 Months 7 Days 16 If less than one day hr. min.

9. Birthplace Unknown (City, town, or county) Ireland 4 (State or foreign country)
10. Usual occupation Housewife
11. Industry or business At Home

FATHER
12. Name Unknown Gunn 4
13. Birthplace Unknown (City, town, or county) Ireland 1 (State or foreign country)

MOTHER
14. Maiden name Unknown 4
15. Birthplace Unknown (City, town, or county) Ireland 1 (State or foreign country)

16. (a) Informant Helen Wendt
(b) Address 5734 Roosevelt Place.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/19/48 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.
19. (a) FEB 18 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 16 year 1948 hour 4:00 minute A. M.

21. I hereby certify that I attended the deceased from Jan 6 1945, 19, to Feb 16, 1948 that I last saw her alive on 2/15, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Sclerosis	
Due to Hypertension	
Due to General Arterial Sclerosis	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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? (e) Means of injury 0

23. Signature Samuel Wagner (M. D. or other) MD
Address 2906 N. Union Date signed 2/17/48

Jefferson City Printing Co.

(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.....

Licensed Embalmer No.....

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.