FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUL 3 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 21190

Registration District No. 318 | Primary Registration District No. 1003 | Registrar's No. 5773

1. PLACE OF DEATH:
(a) County: St. Louis
(b) City or town: (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City Hospital 0
(If not in hospital or institution, write street address or location)
(d) Length of stay: In hospital or institution: 3 days (Specify whether years, months or days)
In this community: 25 years

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.: 2510a E. Dodier St 9 (If rural, give location) 0
(e) Citizen of foreign country? (Yes or No) 20
If yes, name country

3. (a) PRINT FULL NAME: Dale R. Noble
3. (b) If veteran, name war: 2.
3. (c) Social Security No.:
4. Sex: male 0
5. Color or race: white
6. (a) Single, widowed, married, divorced: married
6. (b) Name of husband or wife: Viola Noble
6. (c) Age of husband or wife if alive: 51 years
7. Birth date of deceased: August (Month) 4th. (Day) 1898 (Year)

8. AGE: Years 49 | Months 10 | Days 23 | If less than one day ___ hr. ___ min.

9. Birthplace: Harlan (City, town, or county) Iowa (State or foreign country) 1
10. Usual occupation: Shoe worker
11. Industry or business: Wolff - Tober

FATHER
12. Name: John Noble
13. Birthplace: Harlan (City, town, or county) Iowa (State or foreign country) 1

MOTHER
14. Maiden name: unknown
15. Birthplace: Iowa (City, town, or county) (State or foreign country) 1

16. (a) Informant: Mrs. Viola Noble
(b) Address: 2510a E. Dodier St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 6-23-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Harlan Iowa
18. (a) Signature of funeral director: Hy. Leidner U. Co.
(b) Address: 2223 St. Louis Ave.
19. (a) JUN 28 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 27th year 1948 hour 1:45 AM minute ___ 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.

Duration

Immediate cause of death: Lobar Pneumonia.

Due to:

Due to:

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

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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? Means of injury?

23. Signature: Patrick E. Taylor Dep Cor Other
Address: 1300 Clark Date signed: 6-28-48.

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 John P. Buchholz

Licensed Embalmer No. 1674

P. O. Address 2223 St. Louis

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.