

Registration District No. **318** 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: Homer G Phillips Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 7 days  
(Specify whether  
In this community \_\_\_\_\_  
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. 2006 O'Fallon  
21 (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Hunter Nobles  
James H. Nobles  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. 494-10-9475  
4. Sex Male 5. Color or color of race colored  
6. (b) Name of husband or wife Mary noble (c) Age of husband or wife if alive 59 years  
7. Birth date of deceased 2 14 1888  
(Month) (Day) (Year)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month June day 9  
year 1948 hour 2 minute 30 a. M.  
21. I hereby certify that I attended the deceased from June 2, 1948, to June 9, 1948;  
that I last saw him alive on June 9, 1948;  
and that death occurred on the date and hour stated above.

8. AGE: Years 60 Months 35 Days 25 If less than one day  
hr. min.

Immediate cause of death Benign Hypertrophy of Prostate Duration Undet.  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

9. Birthplace Mount Rose Mississippi  
(City, town, or county) (State or foreign country)  
10. Usual occupation janitor

Other conditions Chronic Pyelonephritis - New Calculus  
(Include pregnancy within 3 months of death)  
Hypertensive Cardiovascular Disease PHYSICIAN  
Major findings:  
Of operations \_\_\_\_\_  
Of autopsy No  
Underline the cause to which death should be charged statistically.

11. Industry or business \_\_\_\_\_  
12. Name James H. Noble  
13. Birthplace Miss;  
14. Maiden name Patsy Melton  
15. Birthplace Miss;

16. Informant John Noble;  
Address 2006 O'Fallon St.  
Ship by Rail (b) Date thereof 6/15/1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
Place: burial or cremation Laural Mississippi  
Signature of funeral director DAVIS & BROOM  
Address 1405 Bldg 45, St  
JUN 11 1948 (b) J. F. Bradech  
(Date received local registrar) (Registrar's signature)

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?  
While at work? \_\_\_\_\_ (Specify type of place) Means of injury \_\_\_\_\_  
23. Signature Merle M. Herriford (M.D. or other)  
Address 2601 N Whittier Date signed 6/9/48

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD  
Copy by J. F. Bradech

**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 Char. L. Howell

Licensed Embalmer No. 2452

P. O. Address 1834 Gamble

**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.**

THE STATE BOARD OF HEALTH OF MISSOURI  
BUREAU OF VITAL STATISTICS

State of \_\_\_\_\_ }  
County of \_\_\_\_\_ } ss.

State File No. \_\_\_\_\_

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 5321

On this \_\_\_\_\_ day of \_\_\_\_\_, 194\_\_\_\_, before me appears \_\_\_\_\_

Hunter Nobles, who, upon \_\_\_\_\_ oath, states that the original record of birth  
died 6-9- \_\_\_\_\_, 1948 in the State of  
born \_\_\_\_\_

Missouri, and which was filed at \_\_\_\_\_ on \_\_\_\_\_, 19\_\_\_\_, should be corrected as follows:

Item No. 3 should read Hunter Nobles  
Instead of \_\_\_\_\_  
James H. Nobles

Item No. \_\_\_\_\_ should read \_\_\_\_\_  
Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_  
Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_  
Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_  
Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_  
Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_  
Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_  
Instead of \_\_\_\_\_

The above is true to the best of my knowledge, information and belief

(SEAL)

Affiant Davis A. Brown <sup>Jun</sup>  
Relationship. \_\_\_\_\_  
by Estrella Brown  
1405 Biddle Present Address

Subscribed and sworn to before me this 7 day of July, 1948

My Commission expires 3-4-49 \_\_\_\_\_  
Clara Dalboer Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

S-21192