FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 12 1948

Registration District No. 818

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 34524

Registrar's No. 9595

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 Infirmary Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4-9-42 to 10-28-48 (Specify whether
In this community years, months or days) D

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County 500
(c) City or town ST LOUIS
(If outside city or town limits, write "RURAL")
(d) Street No. 5600 ARSENAL ST. D
(If rural, give location)
(e) ~~Citizen~~ 13 of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME John Noonan
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex MALE D
5. Color or race WHITE
6. (a) Single, widowed, married, divorced SINGLE
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased UNKNOWN (Month) (Day) (Year)
8. AGE: Years abt-58 Months - Days - If less than one day hr. min.
9. Birthplace MISSOURI (City, town, or county) (State or foreign country)
10. Usual occupation UNKNOWN
11. Industry or business U.K
FATHER
12. Name JOHN NOONAN
13. Birthplace IRELAND (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name MARY CARROLL
15. Birthplace IRELAND (City, town, or county) (State or foreign country)
16. (a) Informant MARGARET KELLY
(b) Address 2331 MULLANPHY
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 11-5-48 (Month) (Day) (Year)
(c) Place: burial or cremation CALVARY
18. (a) Signature of funeral director Cullen-Kelly
(b) Address 4386 Lindell
19. (a) NOV 4 1948 (Date received local registrar) (b) J. B. Lasater (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 28 year 1948 hour 8. minute 30A M.
21. I hereby certify that I attended the deceased from May 1 1948 to Oct. 28 1948 that I last saw him alive on Oct. 28 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebrothrombosis with encephalomalacia	6 weeks
Due to: Arteriosclerosis	
Due to: Arteriosclerotic and Hypertensive Heart Disease	
Other conditions: Pulmonary Tuberculosis (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy Same

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
23. Signature Masao Ohmoto (M. D. or other)
Address 5800 Arsenal Date signed 10/28/48

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 Ralph W Henson

Licensed Embalmer No. 3791

P. O. Address St. Louis, Me.

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.