No. 300
10-48

FILED JUL 15 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21499

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 5972

1. PLACE OF DEATH
a. COUNTY

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): City. 0
c. LENGTH OF STAY (in this place): 7-19-46 / 7-5-49

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Infirmary Hospital.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: 000
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St Louis 17 9 0
d. STREET ADDRESS (If rural, give location): 17 - 3860 CLEVELAND

3. NAME OF DECEASED (Type or Print)
a. (First): Michael
b. (Middle): J.
c. (Last): Noonan

4. DATE OF DEATH (Month) (Day) (Year): 7- 5-1949

5. SEX: Male 0
6. COLOR OR RACE: White
7. ~~MARRIED, NEVER MARRIED,~~ WIDOWED, ~~DIVORCED (Specify)~~: WIDOWER 2
8. DATE OF BIRTH: 5-19-1866
9. AGE (In years last birthday): 83 — If under 1 year: Months — Days — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): IRELAND 4
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: UNK John NOONAN
13b. MOTHER'S MAIDEN NAME: UNK. DWYER.
14. NAME OF ~~HUSBAND OR~~ WIFE: MARY [illegible] NOONAN.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): UNK
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME: RAYMOND NOONAN
ADDRESS: 4884 BESSIE

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Nephrosclerosis — INTERVAL BETWEEN ONSET AND DEATH: 2 weeks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Diabetes Mellitus — many years
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): 61

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR? 260X

22. *I hereby certify that I attended the deceased from* July 7, 1948, *to* 7-5-, 1949 *that I last saw the deceased alive on* 7-5-, 1949, *and that death occurred at* 10:45a *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Clelus L Krag, MD D
23b. ADDRESS: 5600 Arsenal St Louis
23c. DATE SIGNED: July 5 1949

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 7-8-49
24c. NAME OF CEMETERY OR CREMATORY: CALVARY
24d. LOCATION (City, town, or county) (State): St Louis Mo

DATE REC'D BY LOCAL REG.: JUL 8 1949
REGISTRAR'S SIGNATURE: J B Lasater
25. FUNERAL DIRECTOR'S SIGNATURE: E J Schmid
ADDRESS: 3125 Lafayette

(Licensed Embalmer's Statement on Reverse Side)

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

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 ..... Student Embalmer No. ....., working under my personal supervision.

Student ..... Student Embalmer

Signed Jos B Vollmer

Licensed Embalmer No. 4014

P. O. Address 3125 Lafayette

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.