

FILED DEC 27 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **12818**
Registrar's No. **10592**

BIRTH NO. _____		REG. DIST. NO. 318	PRIMARY REG. DIST. NO. 1003	State File No. 12818	
1. PLACE OF DEATH a. COUNTY _____			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY MO		
b. CITY (If outside corporate limits, write RURAL and give OR TOWN St. Louis)		c. LENGTH OF STAY (in this place) _____	c. CITY (If outside corporate limits, write RURAL and give township) St. Louis		
d. FULL NAME OF HOSPITAL OR INSTITUTION 5564 Lansdowne Ave.			d. STREET ADDRESS (If rural, give location) 17 5564 Lansdowne Ave.		
3. NAME OF DECEASED (Type or Print) a. (First) Frank		b. (Middle) H. Noelker	c. (Last) Noelker	4. DATE OF DEATH (Month) (Day) (Year) Dec. 8th 1949	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 3rd 1874	9. AGE (In years last birthday) 75	IF UNDER 1 YEAR Months 0 Days 5
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY Public Service Co.	11. BIRTHPLACE (State or foreign country) Washington Mo.		12. CITIZEN OF WHAT COUNTRY? U
13a. FATHER'S NAME David Noelker		13b. MOTHER'S MAIDEN NAME Anna Schramm	14. NAME OF HUSBAND OR WIFE Laura Noelker		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. No	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Mrs. Laura Noelker 8504 Lansdowne St. Louis Mo.		
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized arterio sclerosis DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Carcinoma of prostate & bony metastases			INTERVAL BETWEEN ONSET AND DEATH 3 days 5 yrs 3 yrs
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) 97		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 331X		
22. I hereby certify that I attended the deceased from 7/20, 1946 , to 12/8, 1949 , that I last saw the deceased alive on 12/8, 1949 , and that death occurred at 8:10P m. , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) John W. King M.D.			23b. ADDRESS 671 E. Big Bend Rd		23c. DATE SIGNED 12/9/49
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12-12-49	24c. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.
DATE REC'D BY LOCAL REG. DEC 9 1949		REGISTRAR'S SIGNATURE J. B. Hasater		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Kriegshauser Mortuaries, 4228 So. Kingshighway Blvd.	

(Licensed Embalmer's Statement on Reverse Side)

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

6718 King Blvd
A-3
Calif.

ml

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 Richard W. Stover

Licensed Embalmer No. 4007

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.