

FILED FEB 17 1950

STANDARD CERTIFICATE OF DEATH

655A

State File No. 1016
Registrar's No. 1016

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3611 a North 11th Street</u>		d. STREET ADDRESS (If rural, give location) <u>3611 a North 11th Street</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>WESLEY</u> b. (Middle) <u>DeMARCUS</u> c. (Last) <u>NOEL</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>January 31, 1950</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>August 8, 1857</u>
9. AGE (In years last birthday) <u>92</u>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 Hrs. _____ Mins. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Wabash Railroad Co.</u>	11. BIRTHPLACE (State or foreign country) <u>0</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>James B. Noel</u>	
13b. MOTHER'S MAIDEN NAME <u>Julliana Finnell</u>		14. NAME OF HUSBAND OR WIFE <u>Mrs. Mary T. Noel</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Wesley E. Noel, 3501 Victor Street.</u>		ADDRESS	
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) <u>Uremia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Vascular circulatory Heart disease</u> DUE TO (c) <u>Chronic nephritis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>old age</u>	
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) <u>512X</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from <u>1-28</u> , 19 <u>50</u> , to <u>1-29</u> , 19 <u>50</u> that I last saw the deceased alive on _____, 19____, and that death occurred at <u>3 A.</u> m., from the causes and on the date stated above.	
23a. SIGNATURE <u>W. Keyne, M.D.</u>		23b. ADDRESS <u>1116 Salisbury</u>	
23c. DATE SIGNED <u>1-31-50</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>Feb 2, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Valhalla Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>St. Louis, Missouri.</u>		DATE REC'D BY LOCAL REG. <u>JAN 31 1950</u>	
REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>	
ADDRESS <u>Shepard Funeral Home, 1167 Hamilton Ave</u>			

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-----

working under my personal supervision.

Student Embalmer No.

Signed Blair R. Padwell

Signed.....
Student Embalmer

Licensed Embalmer No. 4077

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.