

FILED MAR 15 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 6969

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3063 Registrar's No. 603

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>		
b. CITY (If outside corporate limits, write RURAL and give town) <u>Clayton</u>		c. LENGTH OF STAY (in this place) <u>49 days</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Barkwid</u>		d. STREET ADDRESS (If rural, give location) <u>Pine Crest Nursing Home</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis County Hosp</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Mar. 6 1950</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>GEORGE</u>			b. (Middle)	c. (Last) <u>NOLL</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Mar. 6 1950</u>
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>MAY 19, 1883</u>	9. AGE (In years last birthday) <u>66</u>	IF UNDER 1 YEAR Months <u>9</u> Days <u>17</u>
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>Boat Works</u>	11. BIRTHPLACE (State or foreign country) <u>Reading, Pa.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>CHARLES NOLL</u>		13b. MOTHER'S MAIDEN NAME <u>MARY MILLER</u>		14. NAME OF HUSBAND OR WIFE <u>LULU HANKS NOLL</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>494-03-2026</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Chas. Babour Valley Park</u>		
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.			I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Lung</u>		INTERVAL BETWEEN ONSET AND DEATH <u>unknown</u>
			ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
			II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>metastatic carcinoma of neck</u>		<u>163X</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>163X</u>			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)		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input 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>1-17-1950</u> , to <u>3-6-1950</u> , that I last saw the deceased alive on <u>3-6-1950</u> , and that death occurred at <u>11:30 a.m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>Jack A. Gregory, M.D.</u>			23b. ADDRESS <u>601 Brentwood, Clayton</u>		23c. DATE SIGNED <u>3-7-50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>3-8-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis County, MO</u>	
DATE REC'D BY LOCAL REG <u>MAR 7 1950</u>		REGISTRAR'S SIGNATURE <u>Robert L. Bopp</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Louis H. Bopp, Inc. Kirkwood, MO</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48-002
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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 *Peter B. DeBrouilhet*

Licensed Embalmer No. *3691*

P. O. Address *Richmond Heights, Mo.*

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.