

FILED APR 10 1950

STANDARD CERTIFICATE OF DEATH

State File No. **11397**
Registrar's No. **778**

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **306A**

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Richmond Hts.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
c. LENGTH OF STAY (in this place) 15 days		d. STREET ADDRESS (If rural, give location) 3644 Natural Bridge	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) VINCENT		b. (Middle) A.		c. (Last) NOONEY		4. DATE OF DEATH (Month) (Day) (Year) March 24, 1950	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH 9-12-1911	
9. AGE (In years last birthday) 38		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 2 HRS. Hours _____ Mins. _____		11. BIRTHPLACE (State or foreign country) St. Louis, Missouri	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sound Technitian				10b. KIND OF BUSINESS OR INDUSTRY -----		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME John Nooney		13b. MOTHER'S MAIDEN NAME Mary Dalton Nooney		14. NAME OF HUSBAND OR WIFE Single	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. 499-01-8265		17. INFORMANT'S SIGNATURE OR NAME John A. Nooney, 5471 Queens Avenue	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Diabetes Mellitus - Coma		INTERVAL BETWEEN ONSET AND DEATH 30 days	
* This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		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.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 260X		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)		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 **Mar 10, 1950**, to **Mar 24, 1950**, that I last saw the deceased alive on **Mar 4, 1950**, and that death occurred at **10:14 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE Calvin H. Wisella (Degree or title)		23b. ADDRESS 3720 Washington		23c. DATE SIGNED 3/25/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3-27-50		24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	
		24d. LOCATION (City, town, or county) St. Louis, Missouri		(State)	

DATE REC'D BY LOCAL REG. MAR 25 1950		REGISTRAR'S SIGNATURE Robert P. Blonke		25. FUNERAL DIRECTOR'S SIGNATURE W. A. Stock	
				ADDRESS Mortuary, 2117 E. Grand	

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

712

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 Frank C. Moore

Licensed Embalmer No. 3041

P. O. Address 2117 E. Grand

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.

MAKES HAM