

FILED JUN 9 1950

STANDARD CERTIFICATE OF DEATH

18496

State File No. 4744

4744

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 Missouri, b. COUNTY _____				
b. CITY (If outside corporate limits, write RURAL and give town) St. Louis,		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis,		2159		
d. FULL NAME OF HOSPITAL OR INSTITUTION: 4342 So. Compton Ave.,				d. STREET ADDRESS (If rural, give location) 15 4342 So. Compton Ave.,				
3. NAME OF DECEASED (Type or Print) a. (First) Agnes,		b. (Middle) _____		c. (Last) Noll,		4. DATE OF DEATH (Month) (Day) (Year) May 29, 1950.		
5. SEX Female,		6. COLOR OR RACE White,		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed,		8. DATE OF BIRTH April 5, 1872		
9. AGE (In years last birthday) 78		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 1 WEEK Hours _____ Min. _____				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home,			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) Germany, 4		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Albert Loschelders,			13b. MOTHER'S MAIDEN NAME Unknown,		14. NAME OF HUSBAND OR WIFE Joseph Noll (Deceased),			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) _____		17. INFORMANT'S SIGNATURE OR NAME Agnes C. Evans, 3208a Dakota St., 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Decompensated heart ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arteriosclerotic heart disease DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH 3 days ?	
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) _____				
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? 420.0				
22. I hereby certify that I attended the deceased from Oct 20, 1949 to May 28, 1950 , that I last saw the deceased alive on May 28, 1950 , and that death occurred at 5:56 A.M. , from the causes and on the date stated above.								
23a. SIGNATURE Stefano V. Vigna, M.D. (Degree or title) _____				23b. ADDRESS 4307 S. Grand		23c. DATE SIGNED 5/29/50		
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal, 4		24b. DATE 5/30/50		24c. NAME OF CEMETERY OR CREMATORY Wein, Missouri,		24d. LOCATION (City, town, or county) (State) Wein, Missouri,		
DATE REC'D BY LOCAL REG. MAY 29 1950		REGISTRAR'S SIGNATURE J. B. Frasca		25. FUNERAL DIRECTOR'S SIGNATURE Gebken-Benz Mortuary, 2842 Meramec St., ADDRESS _____				

(Licensed Embalmer's Statement on Reverse Side)

St. Louis, 18, Mo.

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 MA

working under my personal supervision.

Student Embalmer No.

Signed Joe S. Benz

Signed.....
Student Embalmer

Licensed Embalmer No. 4248

P. O. Address 2842 Meramec St.,
St. Louis, 18, 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.