

FILED SEP 6 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 28504  
7190

318 1003

BIRTH NO. 169810-50 REG. DIST. NO. PRIMARY REG. DIST. NO. 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 St. Louis	
d. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Johns 4260	
d. FULL NAME OF HOSPITAL OR INSTITUTION Mo. Baptist Hospital		d. STREET ADDRESS (If rural, give location) 8728 Ezra Avenue	

3. NAME OF DECEASED (Type or Print) a. (First) Christine b. (Middle) Noll c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) Aug. 21, 1950		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married <input checked="" type="checkbox"/>	
8. DATE OF BIRTH Aug. 21, 1950		9. AGE (In years last birthday) 3		10. CITIZEN OF WHAT COUNTRY? U.S.A.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) nil		10b. KIND OF BUSINESS OR INDUSTRY nil		11. BIRTHPLACE (State or foreign country) St. Louis, Mo.	

13a. FATHER'S NAME Howard Noll		13b. MOTHER'S MAIDEN NAME Virginia Humphrey		14. NAME OF HUSBAND OR WIFE XXXXXXX	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <input checked="" type="checkbox"/> (If yes, give war or dates of service) XXXX		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Howard Noll 8728-Ezra Ave-St. Louis-21-Mo.	
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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) <u>Pulmonary atelectasis</u> <u>(Etiology undetermined)</u> ANTECEDENT CAUSES Morbid 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.			INTERVAL BETWEEN ONSET AND DEATH 11 mos.
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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? 762.0	

22. I hereby certify that I attended the deceased from Aug 21, 1950, to Aug 21, 1950, that I last saw the deceased alive on Aug 21, 1950, and that death occurred at 8:05 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>W. D. Della</u>		23b. ADDRESS <u>St. Louis 14, Mo.</u>		23c. DATE SIGNED <u>8/21/50</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial <input checked="" type="checkbox"/>		24b. DATE 8-24-1950		24c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery	
				24d. LOCATION (City, town, or county) (State) Wellston, Mo.	

DATE REC'D BY LOCAL REG. AUG 24 1950		REGISTRAR'S SIGNATURE <u>J. B. Casater</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Baymond 1500 Ave. 2504-Woodson Rd - Overland, Mo.</u>	
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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 3434

working under my personal supervision.

Student Embalmer No. ....

Signed

*David C. Gibson*

Signed.....  
Student Embalmer

Licensed Embalmer No. 3434

P. O. Address Overland, 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.