No. 300
10.48

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

FILED NOV 22 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39226

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3063 Registrar's No. 2722

1. PLACE OF DEATH
a. COUNTY: St. Louis, County. Missouri.
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Clayton
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Louis County Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE
b. COUNTY: St. Louis:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Clayton: 4346
d. STREET ADDRESS (If rural, give location): 7104 Lindell Blv'd. 1

3. NAME OF DECEASED (Type or Print)
a. (First): JANE
b. (Middle): M.
c. (Last): Noland FO RDYCE

4. DATE OF DEATH (Month) Nov (Day) 11 (Year) 1950

5. SEX: Female 1

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 1

8. DATE OF BIRTH: August 26 1911

9. AGE (In years last birthday): 39 | If under 1 year: Months | Days | If under 1 hr.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife

10b. KIND OF BUSINESS OR INDUSTRY: ----------

11. BIRTHPLACE (State or foreign country): Saint Louis, Missouri.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Edward Turner Noland

13b. MOTHER'S MAIDEN NAME: Florence Miller Noland

14. NAME OF HUSBAND OR WIFE: Edward W. Fordyce

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: ----------

17. INFORMANT'S SIGNATURE OR NAME: Robert Noland **ADDRESS**: 7104 Lindell Blv'd.

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) crushing chest injuries-passenger in automobile which collided with another automobile.

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

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Public street

21c. (CITY, TOWN, OR TOWNSHIP) Clayton (COUNTY) St. Louis (STATE) Mo.

21d. TIME OF INJURY (Month) 11 (Day) 11 (Year) 50 (Hour) p m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR? see above

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE: Edward J. Willmann, Coroner (Degree or title)

23b. ADDRESS: Clayton, Mo.

23c. DATE SIGNED: 11/13/50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Nov 13 1950.

24c. NAME OF CEMETERY OR CREMATORY: Valhalla Cemetery

24d. LOCATION (City, town, or county) St. Louis County, (State) Missouri.

DATE REC'D BY LOCAL REG.: 11/13/50

REGISTRAR'S SIGNATURE: Herbert R Domke MD

25. FUNERAL DIRECTOR'S SIGNATURE: C. R. Lupton & Sons **ADDRESS**: 7233 Delmar Blv'd.

(Licensed Embalmer's Statement on Reverse Side) [redacted]

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 Arnold W. Schoene

Signed.....
Student Embalmer

Licensed Embalmer No. 3964

P. O. Address St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.