

No. 300
10-48

FILED FEB 23 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7109
Registrar's No. 422

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076

4000

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

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural. Meramec Twp.		c. LENGTH OF STAY (In this place) 57 yrs	
d. FULL NAME OF HOSPITAL OR INSTITUTION Eatherton Rd.		e. STREET ADDRESS (If rural, give location) Eatherton Road	

3. NAME OF DECEASED (Type or Print) a. (First) Louise b. (Middle) Henrietta c. (Last) Noirclaire			4. DATE OF DEATH (Month) (Day) (Year) Feb. 12, 1951			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single U	8. DATE OF BIRTH Mar. 23, 1879	9. AGE (In years last birthday) 71	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY Own home	11. BIRTHPLACE (State or foreign country) St. Louis Co. Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME John B. Noirclaire		13b. MOTHER'S MAIDEN NAME Caroline Kesselring		14. NAME OF HUSBAND OR WIFE XXX	
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) none		17. INFORMANT'S SIGNATURE OR NAME MO. ADDRESS Mrs. Rose M. Schulze, Chesterfield,	

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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Myocardial Chr ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (c) Cerebral vascular disease II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4221		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 June 1941 , to Feb 12, 1951 , that I last saw the deceased alive on Feb 11, 1951 , and that death occurred at 3:15 P. m. , from the causes and on the date stated above.					

23a. SIGNATURE (Degree or title) Joseph W. Lammore M.D.		23b. ADDRESS St. Louis Mo.		23c. DATE SIGNED Feb 13/51	
24a. BURIAL CREMATION, REMOVAL (Specify) Burial		24b. DATE Feb. 15, 51		24c. NAME OF CEMETERY OR CREMATORY Antioch	
				24d. LOCATION (City, town, or county) (State) Monarch, Mo.	

DATE REC'D BY LOCAL REG. 2/3/51		REGISTRAR'S SIGNATURE Robert P. Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Schrader Funeral Home, Ballwin, Mo.	
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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.....

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working under my personal supervision.

Student Embalmer No.....

Signed.....

Theo. Schradie

Signed.....
Student Embalmer

Licensed Embalmer No. *23066*

P. O. Address *Bellwin 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.