

No. 300  
10-48

FILED DEC 6 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **40089**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **3.7** PRIMARY REG. DIST. NO. **3066** Registrar's No. **3761**

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>Kirkwood</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Kirkwood</b>	
c. LENGTH OF STAY (in this place) <b>years</b>		d. STREET ADDRESS (If rural, give location) <b>659 Scott Ave.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>659 Scott Ave.</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>GEORGE</b> b. (Middle) <b>A.</b> c. (Last) <b>NOXON</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Nov. 19, 1951</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Feb. 23, 1899</b>	9. AGE (In years last birthday) <b>52</b>	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Production Mngr. Ralston Purina Mills</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Akron, Ohio</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>

13a. FATHER'S NAME <b>Elwin I. Noxon</b>		13b. MOTHER'S MAIDEN NAME <b>Charlotte Elizabeth Snider</b>		14. NAME OF HUSBAND OR WIFE <b>Lucile S. Noxon</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>yes</b> (If yes, give war or dates of service) <b>W.W.I</b>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Lucile S. Noxon 659 Scott Ave. Kirkwood</b>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Hemorrhage</b>		DUPLICATE OF (b) <b>Arterio-sclerosis, General</b>		<b>13 days</b>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUPLICATE OF (c)		<b>20 years</b>	
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		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?	

22. I hereby certify that I attended the deceased from **Nov 6, 1951**, to **Nov 19, 1951**, that I last saw the deceased alive on **Nov 18, 1951**, and that death occurred at **4 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Harry W. Wise MD</b>		23b. ADDRESS <b>2301 W. Kingshighway</b>		23c. DATE SIGNED <b>11/20/51</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>Nov. 21, 1951</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Valhalla Cemetery</b>	
24d. LOCATION (City, town, or county) (State) <b>St. Louis County, Missouri</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>C.R. Lupton &amp; Sons 7233 Delmar Blvd.</b>		DATE REC'D BY LOCAL REG. <b>11-20-51</b>	

(Licensed Embalmer Statement on Reverse Side)

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

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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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed Arnold W. Schoene

Signed.....  
Student Embalmer

Licensed Embalmer No. 3864

P. O. Address St. Louis, 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.