

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36058

State File No.

BIRTH NO. 71054 REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3088 Registrar's No. 216

1923
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

| | | | |
|---|-------------------------------|---|---|
| 1. PLACE OF DEATH a. COUNTY <u>St. Charles</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Charles</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rt. 2 Box 164 Robertson Mo.</u> | |
| c. LENGTH OF STAY (In this place) <u>4 Hrs.</u> | | d. STREET ADDRESS (If rural, give location) <u>Rt. 2 Box 164 Robertson Mo.</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Josephs Hospital</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Infant</u> | | b. (Middle) <u>Noble</u> | |
| c. (Last) <u>Noble</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>10/17/52</u> | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u> | 8. DATE OF BIRTH <u>10/17/52</u> |
| 9. AGE (In years last birthday) <u>4</u> | | IF UNDER 1 YEAR Months <u>4</u> Days <u>4</u> | IF UNDER 24 HRS. Hours <u>4</u> Min. <u>4</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>#####</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>#####</u> | |
| 11. BIRTHPLACE (State or foreign country) <u>St. Charles Mo.</u> | | 12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u> | |
| 13a. FATHER'S NAME <u>Tom Noble</u> | | 13b. MOTHER'S MAIDEN NAME <u>Margaret Emery</u> | |
| 14. NAME OF HUSBAND OR WIFE <u>#####</u> | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | |
| 16. SOCIAL SECURITY NO. <u>None</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Tom Noble Rt 2 Box 164 Robertson Mo.</u> | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Premature & Sumatran S. ind. Jatus</u> | | | |
| MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Premature & Sumatran S. ind. Jatus</u> ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. 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. | | | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | |
| 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | <u>776X</u> | |
| 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 <u>10/17</u> , 19 <u>52</u> , to <u>10/17</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>10/17</u> , 19 <u>52</u> , and that death occurred at <u>5:00</u> m., from the causes and on the date stated above. | | | |
| 23a. SIGNATURE (Degree or title) <u>Walter Gray</u> | | 23b. ADDRESS <u>8939 St. Charles Road</u> | |
| 23c. DATE SIGNED <u>10/17/52</u> | | 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | |
| 24b. DATE <u>10/18/52</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Mount Lebanon Cemetery</u> | |
| 24d. LOCATION (City, town, or county) (State) <u>St. Louis County Mo.</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Collins Funeral Home</u> | |
| DATE REC'D BY LOCAL REG. <u>10-18-52</u> | | ADDRESS <u>10123 St. Chas. Rd.</u> | |

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.....

Student Embalmer No.

working under my personal supervision.

Student

Student Embalmer

Signed.....

No Embalming

Licensed Embalmer No.....

P. O. Address.....

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.