S. No. 300
v. 10.48

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

FILED MAR 24 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12093

BIRTH NO. - - REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 2379

1. PLACE OF DEATH
a. COUNTY City
b. CITY OR TOWN St. Louis (If outside corporate limits, write RURAL and give township) c. LENGTH OF STAY (in this place) 3 hrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) De Paul Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY St. Louis
c. CITY OR TOWN Jennings (If outside corporate limits, write RURAL and give township) 4138
d. STREET ADDRESS (If rural, give location) 9241 Riverwood /

3. NAME OF DECEASED (Type or Print)
a. (First) William b. (Middle) Henry c. (Last) Noller

4. DATE OF DEATH (Month) (Day) (Year) Feb. 28, 1953

5. SEX M
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married /
8. DATE OF BIRTH March 4, 1887
9. AGE (In years last birthday) 65 — 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) Chief Clerk to Treas.
10b. KIND OF BUSINESS OR INDUSTRY Railway Exp.
11. BIRTHPLACE (City and State or Foreign Country) Meridian Twnsp, Ill. /
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME John Louis Noller
13b. MOTHER'S MAIDEN NAME Elizabeth Speiser
14. NAME OF HUSBAND OR WIFE Mabel Belknap Noller

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WW I
16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME Mabel B. Noller **ADDRESS** 9241 Riverwood

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) RUPTURED MYOCARDIUM — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
~~DUE TO~~ (b) CORONARY SCLEROSIS OF DESCENDING BRANCH.
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 ☐ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? 4201

22. *I hereby certify that I attended the deceased from* 2/28/53, 19__ *to* 2/28/53, 19__, *that I last saw the deceased alive on* 2/28, 1953, *and that death occurred at* 7:20-8 p.m. *from the causes and on the date stated above.*

23a. SIGNATURE Paul Demstroff MD (Degree or title) **23b. ADDRESS** 8330 Jennings **23c. DATE SIGNED** 3/1/53

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE March 3, 53
24c. NAME OF CEMETERY OR CREMATORY Hillcrest Memorial
24d. LOCATION (City, town, or county) Centralia, Ill. (State)

DATE REC'D BY LOCAL REG. MAR 3 1953
REGISTRAR'S SIGNATURE J Carl Smith MD
25. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** Alexander & Sons, Inc. 6175 Delmar

(Licensed Embalmer's Statement on Reverse Side)

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 Jos. E McCullah
Licensed Embalmer No. 2460
P. O. Address 613 Delmar

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.