

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**20242**

State File No. ....

0.300  
0.48

**FILED MAY 28 1953**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 548 Registrar's No. 1371

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

<b>1. PLACE OF DEATH</b> a. COUNTY <u>ST. LOUIS</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>WEBSTER GROVES</u> c. LENGTH OF STAY (in this place) (township) <u>4 1/2 YRS</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>247 S. FOREST AVE</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>ST. LOUIS</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>WEBSTER GROVES ?</u> d. STREET ADDRESS (If rural, give location) <u>247 S. FOREST 4617</u>	
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<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <u>NORA</u> b. (Middle) <u>BELLE</u> c. (Last) <u>NOBLE</u>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>5-15-53</u>			
<b>5. SEX</b> <u>F</u>	<b>6. COLOR OR RACE</b> <u>W</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)</b> <u>WIDOWED</u>	<b>8. DATE OF BIRTH</b> <u>10-9-1870</u>	<b>9. AGE</b> (In years last birthday) <u>82</u>	IF UNDER 1 YEAR Months Days	IF UNDER 1 HR. Hours Min.
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>HOUSE WIFE</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>AT HOME</u>		<b>11. BIRTHPLACE</b> (City and State (or Foreign Country)) <u>ST. LOUIS CO. MO</u>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>USA</u>

<b>13a. FATHER'S NAME</b> <u>DAVID WALSH</u>	<b>13b. MOTHER'S MAIDEN NAME</b> <u>MARGARET O'BRIEN</u>	<b>14. NAME OF HUSBAND OR WIFE</b> <u>CHAS. A. NOBLE</u>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	<b>16. SOCIAL SECURITY NO.</b> <u>NONE</u>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> ADDRESS <u>Luille Noble 247 S Forest Ave</u>
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<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a); (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	<b>MEDICAL CERTIFICATION</b> <b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Cerebral Thrombosis (2 episodes) 1 mo. 4 hrs.</u> <b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized Arteriosclerosis 15 yrs</u> DUE TO (c) <u>Diabetes Mellitus 2 yrs</u>		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <u>1 mo. 4 hrs.</u> <u>15 yrs</u> <u>2 yrs</u>
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.			

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b> <u>332X</u>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> _____
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour)	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>

**22. I hereby certify that I attended the deceased from** 10/20, 1945, to 5/15, 1953, that I last saw the deceased alive on 5/15/53, 1953, and that death occurred at 10:30 a.m., from the causes and on the date stated above.

<b>23a. SIGNATURE</b> (Degree or title) <u>Hubert R. Dombrowski MD</u>	<b>23b. ADDRESS</b> <u>689 E Big Bend Webster Groves</u>	<b>23c. DATE SIGNED</b> <u>5/16/53</u>
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<b>24a. BURIAL, CREMATION, REMOVAL (Specify)</b> <u>BURIAL</u>	<b>24b. DATE</b> <u>5-18-53</u>	<b>24c. NAME OF CEMETERY OR GREMATORY</b> <u>CALVARY CEM.</u>	<b>24d. LOCATION (City, town, or county) (State)</b> <u>ST. LOUIS MO</u>
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<b>DATE REC'D BY LOCAL REG.</b> <u>5-17-53</u>	<b>REGISTRAR'S SIGNATURE</b> <u>Hubert R. Dombrowski MD</u>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> ADDRESS <u>Hubert F. Home Webster Groves Mo</u>
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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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Student Embalmer

Signed \_\_\_\_\_

*J. Allen Davis*

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.