

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **23063**  
**5981**  
Registrar's No.

FILED JUL 2 - 1953

318

1003

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b>				b. COUNTY _____	
b. CITY OR TOWN <b>ST. LOUIS</b>		c. LENGTH OF STAY (In this place) _____		c. CITY OR TOWN <b>St. Louis</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION: <b>1800 LOCUST ST.</b>				e. STREET ADDRESS (If rural, give location) <b>1800 Locust St.</b>				<b>22190</b>	
3. NAME OF DECEASED (Type or Print) <b>HARRY</b>		a. (First) _____		b. (Middle) <b>M.</b>		c. (Last) <b>NOEL</b>		4. DATE OF DEATH <b>June 13, 1953</b>	
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>Oct. 31, 1871</b>		9. AGE (In years last birthday) <b>81</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired: Sales</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Ely Walker Dry Goods Co.</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Little Grove, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>			
13a. FATHER'S NAME <b>James Noel.</b>			13b. MOTHER'S MAIDEN NAME <b>Martha Nelson.</b>			14. NAME OF HUSBAND OR WIFE <b>Mae B. Noel.</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>491-14-6682</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mr. C. Roy Noel., Paris, Missouri</b>				ADDRESS _____	
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) <b>Arterio sclerotic heart disease</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Generalized arterio sclerosis</b> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Chronic nephritis</b>						INTERVAL BETWEEN ONSET AND DEATH <b>5 years</b> <b>years</b>	
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 <b>August, 1942</b> , to <b>June 13, 1953</b> , that I last saw the deceased alive on <b>June 10, 1953</b> , and that death occurred at <b>12:30 p.m.</b> , from the causes and on the date stated above.									
23a. SIGNATURE <b>H. G. Newman M.D.</b>				23b. ADDRESS <b>3720 Washington</b>				23c. DATE SIGNED <b>6-13-53</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Cremation</b>		24b. DATE <b>6-16-1953</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Oak Grove Crematory</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis Co., Missouri</b>			
DATE REC'D BY LOCAL REG. <b>JUN 15 1953</b>		REGISTRAR'S SIGNATURE <b>Carl Smith</b>				25. FUNERAL DIRECTOR'S SIGNATURE <b>R. Lupton &amp; Sons</b>			
						ADDRESS <b>7233 Delmar Blvd</b>			

WRITE PLAINLY—USING UNFADING 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 ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Deane A. Murray*.....

Licensed Embalmer No. *1111*.....

P. O. Address *H. Davis*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.