

**STANDARD CERTIFICATE OF DEATH**

State File No. **6624**  
 Registrar's No. **1004**

BIRTH NO. **FILED MAR 4 1954** REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

<b>1. PLACE OF DEATH</b> a. COUNTY		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		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"/>
c. LENGTH OF STAY (In this place)		e. STREET ADDRESS (If rural, give location) <b>4117 Wilmington Ave.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Deaconess Hospital</b>			

<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <b>John</b> b. (Middle) <b>Henry</b> c. (Last) <b>Noll</b>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>Feb. 1, 1954</b>		
<b>5. SEX</b> <b>Male</b>	<b>6. COLOR OR RACE</b> <b>White</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <b>Married</b>	<b>8. DATE OF BIRTH</b> <b>Feb. 1, 1874</b>	<b>9. AGE</b> (In years last birthday) <b>80</b>	<b>IF UNDER 1 YEAR</b> Months Days <b>80</b>
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Carpenter</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>retired</b>	<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>St. Louis, Missouri</b>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>U.S.A.</b>

<b>13a. FATHER'S NAME</b> <b>J. Henry Noll</b>	<b>13b. MOTHER'S MAIDEN NAME</b> <b>Unknown</b>	<b>14. NAME OF HUSBAND OR WIFE</b> <b>Caroline Jansen Noll</b>
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>Unknown</b>	<b>16. SOCIAL SECURITY NO.</b> <b>488-09-0738</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>Mrs. Caroline Noll</b> <b>ADDRESS</b> <b>4117 Wilmington</b>

<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>INTERVAL BETWEEN ONSET AND DEATH</b> <b>2 Wks - 1936</b>  <b>many years</b>
	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>Hypertensive Encephalopathy</b>		
	<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Essential Hypertension</b> DUE TO (c)		
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death. <b>Arteriosclerosis genl. Arterio sclerosis heart disease</b>			

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<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) m.	<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> <b>334X</b>

**22. I hereby certify that I attended the deceased from Aug, 1936, to Feb 1, 1954, that I last saw the deceased alive on Jan 31, 1954, and that death occurred at 5:30A. m., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> (Degree or title) <b>Clair B. West M.D.</b>	<b>23b. ADDRESS</b> <b>4909 Lindenwood</b>	<b>23c. DATE SIGNED</b> <b>2-1-54</b>
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>Removal</b>	<b>24b. DATE</b> <b>Feb. 3, 1954</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>St. Paul's Churchyard</b>
		<b>24d. LOCATION</b> (City, town, or county) (State) <b>St. Louis County, Missouri</b>

<b>DATE REC'D BY LOCAL REG.</b> <b>FEB 1 1954</b>	<b>REGISTRAR'S SIGNATURE</b> <b>J. Carl Smith</b>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>Mr. Hacker - Hellerle</b> <b>ADDRESS</b> <b>3634 Gravois Ave</b>
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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 ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Robert C. Wheeler*.....

Licensed Embalmer No. *212*.....

P. O. Address *St. Louis*.....

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.