

FILED MAR 31 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **10006**  
Registrar's No. **1828**

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		State File No. <b>10006</b>		Registrar's No. <b>1828</b>	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Illinois</b> b. COUNTY <b>Madison</b>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis, Mo.</b>			c. LENGTH OF STAY in this place <b>2 Hrs</b>	c. CITY OR TOWN <b>Wood River</b>			d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>De Paul Hospital</b>				STREET ADDRESS (If rural, give location) <b>Alton, Ill. R. R. # 2</b>					
3. NAME OF DECEASED (Type or Print) a. (First) <b>Burgess</b>			b. (Middle) <b>K.</b>		c. (Last) <b>Noel</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Feb. 24, 1955</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>June 25, 1904</b>		9. AGE (In years last birthday) <b>50</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 2 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Motel Manager</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Motel</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Indiana</b>			12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Peter Noel</b>			13b. MOTHER'S MAIDEN NAME <b>Alice Fitzpatrick</b>			14. NAME OF HUSBAND OR WIFE <b>Elizabeth A. Noel</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>Yes</b>		(If yes, give war or dates of service) <b>W. W. # 2</b>		16. SOCIAL SECURITY NO. <b>307-03-6615</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Elizabeth Noel, Alton Ill. R. R. 2#</b>			
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.				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Gastric Ulcer;</b> ANTECEDENT CAUSES <b>Chronic Pancreatitis</b> DUE TO (b) <b>Pulmonary Tuberculosis</b> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)		21f. HOW DID INJURY OCCUR? <b>5871</b>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>							
22. I hereby certify that I attended the deceased from <b>8:00 P.</b> , 19 <b>55</b> , to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <b>8:00 P.</b> m., from the causes and on the date stated above.									
22a. SIGNATURE <b>Patrick L. Taylor Coroner</b>				22b. ADDRESS <b>1300 Clark</b>		22c. DATE SIGNED <b>2-26-55</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>2-25-55</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Valhalla Memorial Pk.</b>		24d. LOCATION (City, town, or county) (State) <b>Godfrey, Illinois,</b>				
DATE REC'D BY LOCAL REG. <b>FEB 26 1955</b>		REGISTRAR'S SIGNATURE <b>J. Earl Smith, M.D.</b>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Albert H. Hoppe 4700 Washington.</b>				

B. P. (Licensed Embalmer's Statement on Reverse Side)

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 *W. W. Wilkinson*.....

Licensed Embalmer No. *35*.....

P. O. Address *M. Lane*.....

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.