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FILED DEC 12 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **38687**
10606

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. _____

1. PLACE OF DEATH
a. COUNTY - - - - -
2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE **Mo.** b. COUNTY _____

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis Mo.** c. LENGTH OF STAY (in this place) **5 Hrs.** c. CITY OR TOWN **St. Louis** d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) **Lutheran Hospital** e. STREET ADDRESS (If rural, give location) **4029 Parker Ave.,** 21690

3. NAME OF DECEASED (Type or Print) a. (First) **Carmel** b. (Middle) - - c. (Last) **Noble** 4. DATE OF DEATH (Month) (Day) (Year) **12 2 1955**

5. SEX **Female** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Widowed** 8. DATE OF BIRTH **11/4/1879** 9. AGE (In years) (Month) (Day) (If under 1 year) (If under 12 hrs.) **76**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Housewife** 10b. KIND OF BUSINESS OR INDUSTRY **At Home** 11. BIRTHPLACE (City and State or Foreign Country) **Italy** 12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **U.K.** 13b. MOTHER'S MAIDEN NAME **U.K.** 14. NAME OF HUSBAND OR WIFE **James J. Noble**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **no** 16. SOCIAL SECURITY NO. **none** 17. INFORMANT'S SIGNATURE OR NAME ADDRESS **James F. Noble 4029 Parker St. Louis Mo**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Gastric Hemorrhage**
INTERVAL BETWEEN ONSET AND DEATH **3 days**
* This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.
ANTECEDENT CAUSES DUE TO (b) **Bleeding peptic ulcer**
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. **Cirrhosis of liver** **3 yrs.**

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION **541.0** 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) (Minute) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from **8/26**, 19**54**, to **12/2**, 19**55**, that I last saw the deceased alive on **12/2**, 19**55**, and that death occurred at **11:35 P.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **Edward W. G. Brinski M.D.** 23b. ADDRESS **3701 Grandel St** 23c. DATE SIGNED **12/3/55**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **12/5/1955** 24c. NAME OF CEMETERY OR CREMATORY **Calvary Cemetery** 24d. LOCATION (City, town, or county) (State) **St. Louis Mo.**

DATE REC'D BY LOCAL REG. **DEC 5 1955** REGISTRAR'S SIGNATURE **Carl Smith** 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **Donnelly 3840 Lindell Blvd.**

(Licensed Embalmer's Statement of Reverse Side)

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

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..... *Francis Williams*

Licensed Embalmer No..... *3*

P. O. Address..... *3840 Le*

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.