

FILED JUN 11 1956

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 4184

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). -a. STATE MISSOURI b. COUNTY ST. LOUIS	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN 915 N. Grand, St. Louis, Mo.		c. CITY OR TOWN KIRKWOOD	
c. LENGTH OF STAY (in this place) 44 days		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 Veterans Administration Hosp.		e. STREET ADDRESS (If rural, give location) 541 Central Place	
3. NAME OF DECEASED (Type or Print) a. (First) LAWRENCE b. (Middle) F. c. (Last) NOBEL			4. DATE OF DEATH (Month) (Day) (Year) 4-26-56
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH 8-24-90
9. AGE (In years last birthday) 65		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Office Manager	11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Office Manager		10b. KIND OF BUSINESS OR INDUSTRY Const. Materials	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Frank Nobel		13b. MOTHER'S MAIDEN NAME Julie Donley	14. NAME OF HUSBAND OR WIFE Leona Nobel (Deceased)
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes WW-I		16. SOCIAL SECURITY NO. 495 12 9579	17. INFORMANT'S SIGNATURE OR NAME VA Hosp. Records, 915 N. Grand, St. Louis, Mo.
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) BRONCHOPNEUMONIA INTERVAL BETWEEN ONSET AND DEATH Appx. 72 hrs ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) _____ rise to the above cause (a) stating the underlying cause last. DUE TO (c) 491x II. OTHER SIGNIFICANT CONDITIONS 1. Cerebral Atrophy 2. Prostatic abscess Conditions contributing to the death but not related to the disease or condition causing death. 3. Coronary Arteriosclerosis 4. Diabetes	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Mellitus	
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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) VA		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 3-13-56, 19__, to 4-26-56, 19__, and that death occurred at 9:15 a.m., from the causes and on the date stated above.			
23a. SIGNATURE J. T. Kaminskas J. T. Kaminskas		23b. ADDRESS VA Hospital, M.D. 915 N. Grand, St. Louis, Mo.	
23c. DATE SIGNED 4-26-56			
24. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 4/28/56	
24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.	
DATE REC'D BY LOCAL REG. APR 27 1956		25. FUNERAL DIRECTOR'S SIGNATURE Meyer-Pfitzinger, Kirkwood, Mo.	
REGISTRAR'S SIGNATURE J. Carl Smith MO		ADDRESS	

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 *William H. Fitzgerald*.....

Licensed Embalmer No. *43*

P. O. Address *Verbank*.....

- Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.