

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-002579
STATE FILE NUMBER

FILED FEB 9 1959

Registration District No. 310 Primary Registration District No. 3058 Registrar's No. 25

300
-57

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1. PLACE OF DEATH a. COUNTY Saint Charles		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Charles	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Saint Charles		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Saint Charles 09230
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Jefferson St. Nursing Home		Length of stay in lb yrs. 13	d. STREET ADDRESS (If outside, give location) 2119 No. Fifth
			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last Lovina C. Noble			4. DATE OF DEATH Month Day Year Jan. 30, 1959		
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Nov. 30, 1875	9. AGE (In years last birthday) 85	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	10b. KIND OF BUSINESS OR INDUSTRY retired	11. BIRTHPLACE (City and state or country) Saint Charles Co., Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Louis Kline	13b. MOTHER'S MAIDEN NAME Julia Aubachon	14. NAME OF HUSBAND OR WIFE Emery Brody Noble
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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 Eugene E. Noble, St. Charles, Mo.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>apoplexy (cerebral hemorrhage)</u>		INTERVAL BETWEEN ONSET AND DEATH 48 hrs 10 yrs? 334X
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>cerebral arteriosclerosis & hypertension</u>	
	DUE TO (c) _____	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	
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20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
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21. I attended the deceased from <u>1-10-59</u> to <u>1-30-59</u> and last saw her alive on <u>1-30-59</u> Death occurred at <u>6 p</u> m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>George E. Hester M.D.</u>	22b. ADDRESS <u>1-31-59 St Charles Mo</u>	22c. DATE SIGNED <u>1-31-59</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE Feb. 2, 1959	23c. NAME OF CEMETERY OR CREMATORY St. Matthew's Cemetery	23d. LOCATION (City, town, or county) (State) Saint Louis Co., Mo.
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24. FUNERAL DIRECTOR H.C. Dallmeyer & Sons, St. Charles, Mo.	25. DATE RECD. BY LOCAL REG. <u>Jan. 31-59</u>	26. REGISTRAR'S SIGNATURE <u>Marella Wilson</u>
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All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

6961 0 3 334

JUN 23 1959

STATEMENT BY LICENSED EMBALMER

FEB 11 1959

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 R. Amalona*
Licensed Embalmer No. *4835*
P. O. Address *St. Charles*

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.