THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-015490
STATE FILE NUMBER

FILED MAY 12 1959 Registration District No. ..... Primary Registration District No. ..... Registrar's No. 2 4059

1. PLACE OF DEATH
a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY

b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) St. Louis, Missouri. Inside Limits Yes [X] No [ ]

c. CITY OR TOWN St. Louis Inside Limits Yes [X] No [ ]

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Park Lane Hospital Length of stay in 1b.

d. STREET ADDRESS (If outside, give location) 2712 Park Avenue., Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First Monty Middle Chris Last Noble

4. DATE OF DEATH Month Day Year April 25, 1959

5. SEX Male

6. COLOR OR RACE White

7. MARRIED [ ] NEVER MARRIED [X] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH November 16, 1956

9. AGE (In years last birthday) 2 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None - Infant

10b. KIND OF BUSINESS OR INDUSTRY At Home

11. BIRTHPLACE (City and state or country) St. Louis, Missouri.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Royce Noble

13b. MOTHER'S MAIDEN NAME Mary Northington

14. NAME OF HUSBAND OR WIFE Nil

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) Nil

16. SOCIAL SECURITY NO. None

17. INFORMANT Address Royce Noble, 2712 Park Avenue.,

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (a) 2nd and 3rd degree burns (scald)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)

DUE TO (c) E917.0 17

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Suffered in bathtub in

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

20a. ACCIDENT [X] SUICIDE [ ] HOMICIDE [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Home when hot water vent was turned on, April 23 1959.

20c. TIME OF INJURY ? Hour a.m. p.m. Month, Day, Year 4 23 59

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 231 Home

20f. CITY, TOWN, OR LOCATION St Louis COUNTY STATE Mo

21. I attended the deceased from ..... to ..... and last saw her/him alive on .....
Death occurred at 730 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Paul J. Simon Deputy Coroner 3

22b. ADDRESS 1300 Clark

22c. DATE SIGNED 4/25/59

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal

23b. DATE 4-25-59

23c. NAME OF CEMETERY OR CREMATORY Local Cemetery

23d. LOCATION (City, town, or county) (State) Dudley, Missouri.

24. FUNERAL DIRECTOR ADDRESS Albert H. Hoppe, 4700 Washington Blvd.,

25. DATE REGD. BY LOCAL REG. APR 25 59

26. REGISTRAR'S SIGNATURE Karl Smith. M.D. (H.)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 Elton H. Remelius

Licensed Embalmer No. 4283

P. O. Address St. Louis, M

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.