

**FEDERAL BUREAU OF INVESTIGATION
U.S. DEPARTMENT OF JUSTICE
DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

FILED VS OCT 19 1959

59-037918

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. **2 9197**

UNRECORDED

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Illinois b. COUNTY Madison				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MISSOURI		Length of stay in 1b		c. CITY OR TOWN Granite City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BARNES HOSPITAL			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 2810 East 25th St.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First CHRISTIAN Middle JACOB Last NOETH				4. DATE OF DEATH Month OCTOBER Day 6 Year 1959				
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 6-19-1882	9. AGE (last birthday) 77	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retail Dealer		10b. KIND OF BUSINESS OR INDUSTRY Coal		11. BIRTHPLACE (City and state or country) Germany		12. CITIZEN OF WHAT COUNTRY U.S.A.		
13a. FATHER'S NAME Anton Noeth			13b. MOTHER'S MAIDEN NAME Anna Marie Kistner			14. NAME OF HUSBAND OR WIFE Anna		
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. _____		17. INFORMANT Address Ill. Anna Noeth 2810 E. 25th Granite City.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) BILATERAL BRONCHOPNEUMONIA							INTERVAL BETWEEN ONSET AND DEATH 1 WEEK	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) GASTRECTOMY							3 WEEKS	
DUE TO (c) CARCINOMA OF STOMACH 151X							1 YEAR	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) GENERALIZED PERITONITIS DUE TO LEAKAGE OF DUODENAL STUMP						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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.)						
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____								
20d. INJURY OCCURRED WHILE AT WORK <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	
21. I attended the deceased from AUG. 13, 1959 to OCT. 6, 1959 and last saw her/him alive on OCT. 6, 1959 Death occurred at 2:40 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE <i>F.R. Mader</i> (Degree or title) M. D.			22b. ADDRESS BARNES HOSPITAL			22c. DATE SIGNED 10/7/59		
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 10-9-59	23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		23d. LOCATION (City, town, or county) (State) Edwardsville Twp., Ill.				
24. FUNERAL DIRECTOR Pieper Funeral Home Granite City, Ill.			25. DATE RECD. BY LOCAL REG. OCT 7 '59		26. REGISTRAR'S SIGNATURE <i>Earl Smith, M.D.</i>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 NOT EMBALMED Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Henry J. Peeples
Licensed Embalmer No. _____

P. O. Address Granite City

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.