

AMENDED

318 Primary Registration District No. 1003 Registrar's No. 1431 STATE FILE NUMBER 6776
 FILED VS FEB 20 1961

| | | | | | | | | | | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|----------------------------------------------------------------------------------------------|--------------------------------------------------|--------------------------------------------|---------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|--|-------------------|--|
| 1. PLACE OF DEATH a. COUNTY | | b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN | | Length of stay in 1b | c. CITY OR TOWN | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE | | b. COUNTY | | c. DATE OF DEATH | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN | | ST. LOUIS, MISSOURI | | 3 Years | Warson Woods | | Mo | | St. Louis, Mo. | | February 12, 1961 | |
| c. FULL NAME OF (If NOT in hospital, give place of death) HOSPITAL OR INSTITUTION | | | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) | | 521 Gascony Way | | Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | | |
| 201 S. Skinker. MEMORIAL PRESBYT. CHURCH | | | | Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | | | | | |
| 3. NAME OF DECEASED (Type or print) First Middle Last | | | | | | 4. DATE OF DEATH Month Day Year | | | | | | |
| David Amurth Noble | | | | | | February 12, 1961 | | | | | | |
| 5. SEX | 6. COLOR OR RACE | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | | 8. DATE OF BIRTH | 9. AGE (last birthday) | IF UNDER 1 YEAR Months Days | | IF UNDER 24 HR Hours Min. | | | | |
| Male | White | | | 6/6/1999 | 61 | | | | | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | | | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City and state or country) | | 12. CITIZEN OF WHAT COUNTRY | | | | |
| Clergyman | | | | Memorial Pres. Church Bloomsburg, Penn. | | U.S.A. | | | | | | |
| 13a. FATHER'S NAME | | | | 13b. MOTHER'S MAIDEN NAME | | | | 14. NAME OF HUSBAND OR WIFE | | | | |
| Amurth Noble | | | | Susan Geiger | | | | Christena B. Noble | | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | | | | 16. SOCIAL SECURITY NO. | | 17. INFORMANT Address | | | | | | |
| No | | | | None | | Mrs David A. Noble 521 Gascony Way | | | | | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: | | | | | | | | | | | | |
| IMMEDIATE CAUSE (a) Acute Coronary infarct Thrombosis | | | | | | | | | | | | |
| INTERVAL BETWEEN ONSET AND DEATH 1 day | | | | | | | | | | | | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | | DUE TO (b) | | | DUE TO (c) | | | | | | |
| | | | | | | 420.1 | | | | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | | | | | | | PART III. If deceased was female was there a pregnancy in last 90 days. | | | | |
| Hypertension, C.V. Disease, Diabetes Mellitus | | | | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | | | | |
| 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 Apr 6 1959, to Feb. 12 1961 and last saw ^{her} him alive on Feb 12 - 1961 Death occurred at 11:30 A m on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | | | | | | | | |
| 22a. SIGNATURE (Degree or title) | | | | | | 22b. ADDRESS | | | 22c. DATE SIGNED | | | |
| C. Kleinschmidt M.D. | | | | | | 5084 Grand Ave | | | 2/13/61 | | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) | | 23b. DATE | | 23c. NAME OF CEMETERY OR CREMATORY | | 23d. LOCATION (City, town, or county) | | 23e. STATE | | | | |
| Removal | | 2/15.61 | | Louisville, Kentucky | | Louisville, Kentucky | | | | | | |
| 24. FUNERAL DIRECTOR ADDRESS | | | | | 25. DATE RECD. BY LOCAL REG. | | 26. REGISTRAR'S SIGNATURE | | | | | |
| Alexander & Sons 6175 Delmar Blvd | | | | | FEB 19 1961 | | Rolan Smith, M.D. | | | | | |

DATE AMENDED
 S
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 BY AFFIDAVIT OF

Dr. C. KleinSchmidt

508 No. Grand Blvd

Je. 1-9218

2 P.M.

RECEIVED: DISTRICT OF COLUMBIA
JAN 17 1961

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 J. Allen Davis Jr.

Licensed Embalmer No. 4953

P. O. Address Feb 17 - 1961

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.