

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

D MAY 4 1961

-61-015496
STATE FILE NUMBER

AMENDED

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **3915**

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Saint Louis (4)		Length of stay in 1b 12 Hrs.		c. CITY OR TOWN Saint Louis (16)		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) #1 HOSPITAL OR INSTITUTION St. Louis City Hospital				d. STREET ADDRESS (If outside, give location) 3166 Oak Hill Ave.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last MIKE J. NOLES				4. DATE OF DEATH Month Day Year April 22, 1961			
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 7/26/92	9. AGE (last birthday) 68	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Wholesale Produce		10b. KIND OF BUSINESS OR INDUSTRY Self Employed		11. BIRTHPLACE (City and state or country) Greece		12. CITIZEN OF WHAT COUNTRY Greece	
13a. FATHER'S NAME John Noles			13b. MOTHER'S MAIDEN NAME Genevieve ?			14. NAME OF HUSBAND OR WIFE Marie Noles	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No None		16. SOCIAL SECURITY NO.		17. INFORMANT Address Marie Noles 3166 Oak Hill Ave (16)			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Apoplexy;						INTERVAL BETWEEN ONSET AND DEATH	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____						334x	
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. <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 _____ to _____ and last saw her/him alive on _____ Death occurred at 2:30 P m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Patricia E Taylor				22b. ADDRESS 1300 Clark		22c. DATE SIGNED 4-24-61	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE Apr. 25, 1961	23c. NAME OF CEMETERY OR CREMATORY St. Trinity Cemetery		23d. LOCATION (City, town, or county) (State) Lemay (25) Mo.		
24. FUNERAL DIRECTOR Fendler Und. Co. 7420 Michigan Ave.			25. DATE RECD. BY LOCAL REG. APR 24 1961		26. REGISTRAR'S SIGNATURE Loan Smith. M.D.		

1300 Clark Ave

MISSOURI

x	(12) Saint Louis	(4) St. Louis City Hospital
x	3122 Oak Hill Ave.	
	April 22, 1951	7/20/51
	White	White
	Wholesale Produce	Self Employed
	John Noles	Genevieve ?
	None	None
	Marie Noles	Marie Noles
	3122 Oak Hill Ave (12)	

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 W. G. Peterson^x

Licensed Embalmer No. 3767
 P. O. Address 7420 Michy

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.)
 Revival
 Fenner and Co. 7420 Michy Ave.