

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-041869

STATE FILE NUMBER

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **10987**

DO NOT WRITE ON THIS STUB  
 AMENDED

FILED NOV 15 1963

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis</b>		c. CITY OR TOWN <b>St. Louis</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Lutheran Hospital</b>		d. STREET ADDRESS (If outside, give location) <b>3443a Dunnica Ave.</b>	
3. NAME OF DECEASED (Type or print) First Middle Last <b>ROLAND W. NOLL</b>		4. DATE OF DEATH Month Day Year <b>Nov. 4 1963</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>6-9-1911</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Proprietor-Noll's Market</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>St. Louis, Mo.</b>
13a. FATHER'S NAME <b>Daniel Noll</b>		13b. MOTHER'S MAIDEN NAME <b>Carolena Lindewell</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No None</b>		17. INFORMANT Address <b>Jeanette Noll 3443a Dunnica Ave.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Far advanced cancer of lung</b> DUE TO (b) <b>tracheal obstruction due to cancer</b> DUE TO (c) <b>163x</b>			INTERVAL BETWEEN ONSET AND DEATH <b>6 MOS. 3-4 WKS.</b>
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 <b>DECEMBER '62</b> to <b>11/4/63</b> and last saw him alive on <b>11/4/63</b> Death occurred at <b>12:45 P.</b> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>Richard W. Ayre M.D.</b>		22b. ADDRESS <b>52 Maryland Plaza</b>	
22c. DATE SIGNED <b>11/5/63</b>		22d. LOCATION (City, town, or county) (State) <b>St. Louis Co. Mo.</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		23b. DATE <b>Nov. 7, 1963</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>St. Trinity Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>St. Louis Co. Mo.</b>	
24. FUNERAL DIRECTOR <b>Kriegshausen 4228 S. Kingshighway Blvd.</b>		25. DATE RECD. BY LOCAL REG. <b>NOV 6 1963</b>	
26. REGISTRAR'S SIGNATURE <b>Loed Smith. M.D.</b>			

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 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
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Dr. Richard Tore  
52 Maryland Plaza

Fo. 1-4010

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**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 *Sal [Signature]*

Licensed Embalmer No. 4533

P. O. Address \_\_\_\_\_

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.