

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

21071

1. PLACE OF DEATH

County..... Registration District No..... File No.....
 Township..... Primary Registration District No..... Registered No. 5895
 City St. Louis (No. 2931 Lombden Ave) St. Ward)

2. FULL NAME

Joseph Noerlein
 (a) Residence No. 2931 Lombden Ave St. 27 Ward. (If nonresident give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Noerlein

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 9-1864

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ____ hrs. or ____ min.
54 | 8 | 13

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Retail Grocer
 (b) General nature of industry, business, or establishment in which employed (or employer) Selling groceries
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) France

10. NAME OF FATHER Unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) France

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) France

14. INFORMANT (Address) James Snyder
2931 Lombden Ave

15. FILED 9. 20 1919 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 22nd 1919

17. I HEREBY CERTIFY, That I attended deceased from May 24, 1919, to June 22, 1919, that I last saw him alive on June 22, 1919, and that death occurred, on the date stated above, at 6:45 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Uræmic Poisoning
12 9 B
1 3 B (duration) yrs. 1 mos. 5 ds.
 CONTRIBUTORY (SECONDARY) Hepatic cirrhosis
 (duration) 1 yrs. 0 mos. 10 ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH.....

(DID AN OPERATION PRECEDE DEATH? NO DATE OF.....

WAS THERE AN AUTOPSY? NO

WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) H. H. Shaeffer, M. B.
June 23, 19 (Address) 505 Humboldt Bldg.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Calvary Cemetery DATE OF BURIAL June 25th 1919

20. UNDERTAKER Callinan Bros ADDRESS 1710 N. Grand St.