

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

Do not use this space.

2323

1. PLACE OF DEATH

County St. Louis
Township Wentzlet
City (No. 1123)

Registration District No. 1123
Primary Registration District No. 6248.2
Kennerly St. A. Sappington

File No. _____
Registered No. 3
Ward _____

2. FULL NAME

(a) Residence, No. William H. Nollan St. _____ Ward. Belleville

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 20 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 Wife Mary Hardeck

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 12, 1877

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
54 years. 3 23

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer. 1

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation. Life.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sappington Missouri

13. NAME Earnest L. Nollan

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) South Africa 35

15. MAIDEN NAME Johanna Bierbaum

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 10

17. INFORMANT Fred C. Nollan (ADDRESS) 2165 E. 16th St. St. Louis

18. BURIAL, CREMATION, OR REMOVAL PLACE Belleville Ill DATE 1. 6 1932

19. UNDERTAKER (ADDRESS) Trinbach Wood

20. FILED Jan 4, 1932 L. C. Obrock M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 3 1932

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, _____, 19____.

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Pericardial hemorrhage (myocardial infarction) Date of onset 11/6/32

Other contributory causes of importance _____

Name of operation _____ Date of _____
What test confirmed diagnosis Microscopic Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____.

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____

(Signed) John C. Campbell M. D.
(Address) Farmer & Son's Pharmacy

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FEB 25 1932

