

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

Do not use this space.

1. PLACE OF DEATH **JUL 8 1937** 791
 County..... Registration District No..... 1003
 Township..... Primary Registration District No.....
 City **St. Louis** (No. **2109 Wash St.**) St. **2** Ward **1**
 File No. **21797**
 Registered No. **5549**

2. FULL NAME **Herman Nolan**
 (a) Residence, No. **2109 Wash St.** St. **2** Ward **1**
 (Usual place of abode)
 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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 4. COLOR OR RACE **Colored** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED **Married**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Alice Nolan**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Apr. 3, 1896**

7. AGE **41** YEARS MONTHS **2** DAYS **03** If LESS than 1 day, hrs. or min.

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Laborer**
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **common**
 10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Mo.**

FATHER
 13. NAME **John Nolan**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Mo.**

MOTHER
 15. MAIDEN NAME **Carrie Alexander**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Mo.**

17. INFORMANT **Alice Nolan** (ADDRESS) **2109 Wash St.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Washington Park** DATE **June 7, 1937**

19. UNDERTAKER **Jas. H. Harrison** (ADDRESS) **2906 Lawton Ave.**

20. FILED **JUN 4 1937** **J. Bredeck** Registrar.

MEDICAL CERTIFICATE OF DEATH
 21. DATE OF DEATH (MONTH, DAY, AND YEAR) **June 3, 1937**
 22. I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....
 I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at **3 A.** m.
 The principal cause of death and related causes of importance were as follows:
 Date of onset
Hypertrophy with acute dilatation of heart by Pericarditis
 Other contributory causes of importance: **9502**
Bronchopneumonia
 Name of operation..... Date of.....
 What test confirmed diagnosis?..... Was there an autopsy? **Yes**
 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) **Alfred Perry** M.D.
 (Address) **West Court**

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.

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