

OCT 14 1937

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

32526

Do not use this space.

1. PLACE OF DEATH

(a) County _____ Registration District No. **791**
 (b) Township **St. Louis** Primary Registration District No. **City Hospital 1003**
 (c) City _____ (d) Street No. _____ St. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

C. 8430

2. PRINT FULL NAME

Alene Nolen
 (a) Residence, No. **913 Geyer** St. **23**
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **female** 4. COLOR OR RACE **white** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **single**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Dec 30 - 1926**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
10 8 12

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. **student**
 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) **St. Louis, Missouri**

13. NAME **Geo. Nolen**

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

15. MAIDEN NAME **Alberta Davenport**

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

17. INFORMANT **Hosp. Info M. Kent**
 (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
 PLACE **Christopher Lee** DATE **9-1-37**

19. FUNERAL DIRECTOR **Pauline's Mortuary Co**
 (ADDRESS) **4355 Washington**

20. FILED **SEP 13 1937** **J. H. Bredeck** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **9/12/37**, 19

22. I HEREBY CERTIFY, That I attended deceased from **9/10/37** to **9/12/37**, 19

I last saw her alive on **9/12/37**, 19. Death is said to have occurred on the date stated above, at **3.40 p**

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

Acute rheumatic fever causing acute myocarditis. Broncho-pneumonia
 Date of onset **9-1-37**

Other contributory causes of importance:

Name of operation **none** Date of _____
 What test confirmed diagnosis? **CT Exam** 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) **J. H. Bredeck**, M. D.
 (Address) **City Hospital**

STATEMENT BY LICENSED EMBALMER

I Harold F. Rowland, Licensed Embalmer No. 3114

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Myself

..... L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed Harold F. Rowland

Licensed Embalmer No. 3114

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.)