

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.

REC'D APR 12 1939

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

9193
Do not use this space.

791
1003

2958

1. PLACE OF DEATH

(a) County Registration District No.
 (b) Township St Louis Mo Primary Registration District No.
 (c) City (d) Street No. The Paul Hospital Registered No.
 (If death occurred in Hospital or Institution, write its name instead of street and number) St.
 (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.

2. PRINT FULL NAME

Margaret Nolan
 (a) Residence, No. 5538^a Ashland St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>MARRIED</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Michael Nolan</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>2-20-1874</u>		
7. AGE YEARS <u>65</u>	MONTHS <u>1</u>	DAYS <u>8</u>
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. <u>House wife</u>		
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) <u>Ireland</u>		
FATHER	13. NAME <u>Cornelius Fitzgerald</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u>	
MOTHER	15. MAIDEN NAME <u>Julia O'Keefe</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u>	
17. INFORMANT (ADDRESS) <u>Michael Nolan</u> <u>5538^a Ashland</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Calvary</u> DATE <u>3-21-39</u>		
19. FUNERAL DIRECTOR (ADDRESS) <u>Sullivan</u> <u>2849 No Euclid</u> <u>J. J. Budenk</u> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 28 1939

22. I HEREBY CERTIFY, That I attended deceased from March 23 1939, to March 28 1939
 I last saw her alive on March 28 1939 Death is said to have occurred on the date stated above, at 9:15 P. m.
 The principal cause of death and related causes of importance were as follows:
Arterio-sclerotic Heart Disease Date of onset 2

Other contributory causes of importance:
95

Name of operation Date of
 What test confirmed diagnosis? 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) Chas. J. ... M. D.
 (Address) 3500 N. Grand

MAR 29 1939

NON BOLDT Body

STATEMENT BY LICENSED EMBALMER

I, Albert Masfield, Licensed Embalmer No. 3077
hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

No. _____ or by L. E. Henry Chas. Tenase, Registered Apprentice No. 170
working under my personal supervision.

Signed Albert Masfield
Licensed Embalmer No. 3077

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.)