

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

Registrar's No.

FILED JAN 19 1943 18

1003

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(c) Name of hospital or institution De Paul Hospital
(d) Length of stay: In hospital or institution
In this community
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 12
(c) City or town St. Louis 910
(d) Street No. 2914 Bora
(e) Citizen of foreign country? (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Michael J. Nolan

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Male 5. Color White 6. (a) Single, widowed, married, divorced Married
(b) Name of husband or wife Delia 6. (c) Age of husband or wife if alive 56 years
7. Birth date of deceased April 14 - 1876
(Month) (Day) (Year)

8. AGE: Years 66 Months 8 Days 21 If less than one day hr. min.

9. Birthplace Ireland
(City, town, or county) (State or foreign country)

10. Usual occupation Procer

11. Industry or business

12. Name John Nolan

13. Birthplace Ireland
(City, town, or county) (State or foreign country)

14. Maiden name Catherine Hennessy

15. Birthplace Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Delia Nolan

(b) Address 2914 Bora

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-8-43
(Month) (Year)

(c) Place: burial or cremation Galvary Cem

18. (a) Signature of funeral director Chas. J. Stuart

(b) Address 1225 Union Blvd.

19. (a) JAN 7 1943 (b) J. F. Brebeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 5th
year 1943 hour 2:35 minute P. M.

21. I hereby certify that I attended the deceased from Dec 24 1942 to Jan 5 1943;
that I last saw him alive on Jan 5 1943;
and that death occurred on the date and hour stated above.

Immediate cause of death Bronch pneumonia Duration 10 days
Virus infection
pneumonia not identified

Due to arteriosclerosis 3 yrs
Other conditions (Include pregnancy within 3 months of death)

Major findings: — Of operations: — Of autopsy: —
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) —

(b) Date of occurrence —

(c) Where did injury occur? —
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
—

While at work? — (Specify type of place) (e) Means of injury —

23. Signature R. Bennett (M. D. or other)

Address 1117 N. 5th Date signed 1/6/43

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed Shepherd G Burnley
Licensed Embalmer No. 4202
P. O. Address St Louis Mo

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.)

If this body is not embalmed, fact should be so stated above.