

ED JUL 31 1943
Registration District No. 318

Primary Registration District No.

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

1. PLACE OF DEATH:
(a) County.....
(b) City or town..... St. Louis,
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4829 a Sanfrancisco Ave /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community..... (Specify whether
years, months or days)

3. (a) PRINT FULL NAME Nicholas Nolan
3. (b) If veteran, name war..... 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, Married
6. (b) Name of husband or wife..... Matilda Nolan 6. (c) Age of husband or wife if alive. 76 years
7. Birth date of deceased. Feb 6th 1857
(Month) (Day) (Year)

| | | | | |
|---------|-----------|----------|-----------|----------------------|
| 8. AGE: | Years | Months | Days | If less than one day |
| | <u>86</u> | <u>5</u> | <u>19</u> | hr. min. |

9. Birthplace..... New York /
(City, town, or county) (State or foreign country)

10. Usual occupation.....

11. Industry or business.....

MOTHER FATHER
12. Name..... Unknown
13. Birthplace..... Unknown ?
(City, town, or county) (State or foreign country)
14. Maiden name..... Unknown
15. Birthplace..... Unknown ?
(City, town, or county) (State or foreign country)

16. (a) Informant..... James E. Nolan
(b) Address..... 5985 Pershing Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof. 7/28/43
(Month) (Day) (Year)

(c) Place: burial or cremation Cal vary Cemetery

18. (a) Signature of funeral director..... Stroot - Carroll
(b) Address..... 4600 Natural Bridge Ave

19. (a) JUL 26 1943 (Date received local registrar) (b) J. J. Budick (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State..... Missouri (b) County.....
(c) City or town..... St. Louis,
(If outside city or town limits, write "RURAL")
(d) Street No. 4829 a Sanfrancisco Ave.
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country..... 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 25th
year 1943 hour 1 minute 25p M.

21. I hereby certify that I attended the deceased from December 23, 1937 to July 25 1943
that I last saw him alive on July 25 1943
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Diabetes Mellitus 50yr
Due to.....
Due to.....

Other conditions..... Hypertrophied Prostate
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....
Of autopsy.....
PHYSICIAN
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..... C. A. Schweitzer (M.D. or Other)
Address..... 4470 Natural Bridge Date signed 7/25/43

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

Frank H. Stead

Licensed Embalmer No. *2265*

P. O. Address. *464 1/2 Bridge*

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.