

FILED DEC 22 1943
 318

Registration District No.

Primary Registration District No. 1003

Registrar's No. 10993

1. PLACE OF DEATH:
 (a) County ST. LOUIS
 (b) City or town ST. LOUIS
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
 LITTLE SISTERS OF THE POOR-3225 N. FLORISSANT
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 8 YEARS
 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State MO. (b) County 12
 (c) City or town ST. LOUIS 920
 (If outside city or town limits, write "RURAL")
 (d) Street No. 3225 N. FLORISSANT AVE.
 (If rural, give location)
 (e) Citizen of foreign country? (Yes or No)
 If yes, name country 0

3. (a) PRINT FULL NAME WILLIAM J. NOLAN

3. (b) If veteran, name war No. 3. (c) Social Security No.

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced SINGLE

6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years

7. Birth date of deceased APRIL 11 1860
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	83	8	0hr.min.

9. Birthplace ST. LOUIS MO. 0
 (City, town, or county) (State or foreign country)

10. Usual occupation RETIRED TINNER

11. Industry or business

12. Name JAMES NOLAN

13. Birthplace PROVIDENCE LONG ISLAND 1
 (City, town, or county) (State or foreign country)

14. Maiden name MARY KEARNEY

15. Birthplace IRELAND 4
 (City, town, or county) (State or foreign country)

16. (a) Informant SISTER JAENNE

(b) Address 3225 N. FLORISSANT AVE.

17. (a) BURIAL (b) Date thereof 12-12-43
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY CEMETERY

18. (a) Signature of funeral director Arthur J. Donnelly

(b) Address 3840 Lindell Blvd

19. (a) DEC 13 1943 (b) J. F. Bredich
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC. day 11
 year 1943 hour 1 minute P.M.

21. I hereby certify that I attended the deceased from May 12, 1943 to December 11, 1943
 that I last saw him alive on December 10, 1943
 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to ...
 Due to ...

Other conditions Upper respiratory disease 4 days
 (Include pregnancy within 3 months of death) L. Grippé

Major findings: Of operations None

Of autopsy None

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? _____

23. Signature of physician (Specify type of place) (M. D. or other)
 Address 2307 Salisbury St Date signed 12-12-43

Duration ? ? ?
 PHYSICIAN
 Underline the cause to which death should be charged statistically.

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

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 Stanley Marshall

Licensed Embalmer No. 2868

P. O. Address 3840 Lindell

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.