

FILED NOV 10 1944

Primary Registration District No. 1003

Registrar's No. 9176

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

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: BARNES HOSPITAL  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days 0  
Specify whether

In this community 50 Years  
years, months or days

3. (a) PRINT FULL NAME MARY MATILDA NOWLAN

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife James Bennett Nowlan alive. .... years

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

7. Birth date of deceased. Dont Know 1863  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
<u>abt 81</u>	<u>Unknown</u>			hr. .... min.

9. Birthplace Mo. 0  
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

MOTHER FATHER

11. Industry or business

12. Name Vincent Faina

13. Birthplace Dont Know Mo. 0  
(City, town, or county) (State or foreign country)

14. Maiden name Nancy Burgette

15. Birthplace Dont Know MO. 0  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Leila N. Lawson

(b) Address 4961 Laclede Ave.

17. (a) Burial (b) Date thereof 10-31-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Carmel-Belleville

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

(b) Address 3840 Lindell Blvd

19. (a) OCT 30 1944 J. F. Brudeck  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis

(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")

(d) Street No. 4961 Laclede Ave.  
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCT. day 28  
year 1944 hour 11 minute 40 A. M.

21. I hereby certify that I attended the deceased from OCT. 25 1944 to OCT. 28 1944  
that I last saw h. u alive on OCT. 28 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Broncho pneumonia

Due to Intertrochanteric fracture, rt. hip

Due to none performed

Other conditions (Include pregnancy within 3 months of death)

Major findings or operations none performed

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) Accident 000

(b) Date of occurrence 10-25-44

(c) Where did injury occur? St. Louis MO  
(City or town) (County) (State)

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

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

23. Signature JR Bradley (M. D. or other)  
Address BARNES HOSPITAL Date signed 10/28/44

*Concord  
Officer*

**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 *W. H. VanMatre*

Licensed Embalmer No. *2825*

P. O. Address *4340 Lafayette*

**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.**