S. No. 2
M—5-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 7775

FILED MAR 6 1946

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1802

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

6725

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
6237 Gravois 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
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 000

(c) City or town St. Louis 24
(If outside city or town limits, write "RURAL")

(d) Street No. 6237 Gravois Ave 9
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Mary A Nolan

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Thomas E

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

7. Birth date of deceased Dec (Month) 1 (Day) 1864 (Year)

8. AGE: Years 81 Months 2 Days 21 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) MO (State or foreign country) 0

10. Usual occupation Housework

11. Industry or business at Home

FATHER
12. Name John Fillo
13. Birthplace Hungary (City, town, or county) (State or foreign country) 4

MOTHER
14. Maiden name Susan Slecha
15. Birthplace Hungary (City, town, or county) (State or foreign country) 4

16. (a) Informant Thomas Nolan
(b) Address 6237 Gravois Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2 (Month) 24 (Day) 46 (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Kriegshauser
(b) Address 4228 So Kingshighway

19. (a) FEB 23 1946 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 22
year 1946 hour 10.55 AM minute M.

21. I hereby certify that I attended the deceased from February 15th, 1946, to February 22nd, 1946; that I last saw her alive on February 22nd, 1946; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic Rheumatic Myocarditis	10 years
Due to	
Due to	
Other conditions (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?
(Specify type of place)
While at work? (e) Means of injury 0

23. Signature Walter S. Arnold (M. D. or other)
Address 5003A Gravois Ave Date signed 2-23-46

(Licensed Embalmer's Statement on Reverse Side) (GUNN)

Dr T W Gunn

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 Edwin A. McDermott

Licensed Embalmer No.....

P. O. Address.....

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.