

FILED MAY 31 1946
Registration District No. 318

Primary Registration District No. 1002

State File No. 4583
Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis, Mo.
(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: St. Louis City Hospital - Max C. Starkloff
(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 Missouri (b) County 23 Mac
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2404a S. Broadway
Memorial (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

LOLA NOLES

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 Divorced

6. (b) Name of husband or wife Joseph Noles

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

7. Birth date of deceased June (Month)

21 (Day) 1881 (Year)

8. AGE: Years 64 Months 10 Days 28 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name Harsh English

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

14. Maiden name Lydia Ann Sandridge

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

16. (a) Informant Roscoe Range
(b) Address 2404a S. Broadway

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-22-46 (Month) (Day) (Year)

(c) Place: burial or cremation Sikeston, Mo.

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.

19. (a) MAY 21 1946 (Date received local registrar) (b) J. F. Bradeau (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 19th year 1946 hour 3:45 minutes P M.

21. I hereby certify that I attended the deceased from 3/27/46 to 5/19/46 that I last saw her alive on 5/19/46 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage Duration 3 hrs
Due to Cerebral arteriosclerosis

Due to Senility

Other conditions Vaginal hysterectomy 4-29-46
(Include pregnancy within 3 months of death)

Major findings: Of operations Prolaps of uterus

Of autopsy Fluid over chest & pericardium (Brain sections not completed)

PHYSICIAN

Underline the cause to which death could 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 James R. Beard (M. D. or other) Address 1515 Lafayette Ave, St. Louis Date signed 5-20-46

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

175338

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.....

Elmo R. Padwell

Licensed Embalmer No. *4077*

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.