

FILED APR 23 1949

STANDARD CERTIFICATE OF DEATH

State File No. 14369

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BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3069 Registrar's No. 034

1. PLACE OF DEATH a. COUNTY <u>Clayton St Louis County</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Illinois</u> b. COUNTY <u>977</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St Louis 77th</u>		c. LENGTH OF STAY (In this place) <u>3 mo 3 days</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Coulterville</u>		11 <u>0</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Marys Hospital</u>			d. STREET ADDRESS (If rural, give location) <u>2</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>PHILIP</u> b. (Middle) <u>Reed</u> c. (Last) <u>NOLAN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>3 3 49</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>(1)</u>	8. DATE OF BIRTH <u>11-11-1948</u>	9. AGE (In years last birthday) <u>3</u>	IF UNDER 1 YEAR Days <u>22</u> IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>nil</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>—</u>	11. BIRTHPLACE (State or foreign country) <u>Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>NOLAN, JARVIS</u>		13b. MOTHER'S MAIDEN NAME <u>Marie Alms</u>		14. NAME OF HUSBAND OR WIFE <u>—</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u></u>		16. SOCIAL SECURITY NO. <u></u>	17. INFORMANT'S SIGNATURE OR NAME <u>Jarvis Nolan Coulterville 200</u> ADDRESS <u></u>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>PNEUMONIA, RIGHT</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>BRONCHITIS CHR</u> DUE TO (c) <u>3 5021</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>PREMATURITY 109</u>				INTERVAL BETWEEN ONSET AND DEATH <u>96 hr</u> <u>3 mo</u>
19a. DATE OF OPERATION <u>—</u>	19b. MAJOR FINDINGS OF OPERATION <u>—</u>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT, SUICIDE, HOMICIDE (Specify) <u></u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u></u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u></u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u></u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u></u>			
22. I hereby certify that I attended the deceased from <u>Dec 28</u> , 19 <u>48</u> , to <u>March 3</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>3/3</u> , 19 <u>49</u> , and that death occurred at <u>1:00</u> m., from the causes and on the date stated above.					
23a. SIGNATURE <u>Louis Keller MD</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>St Marys Hosp</u>		23c. DATE SIGNED <u>3/3/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>3-3-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Caledonia Cem</u>	24d. LOCATION (City, town, or county) (State) <u>Sparta Ill</u>		
DATE REC'D BY LOCAL REG. <u>3-15-49</u>	REGISTRAR'S SIGNATURE <u>Thurid G. Lemminger MD</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Rowland Mortuary Service</u> ADDRESS <u>4104 Manchester Ave.</u>		

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.....

..... Student Embalmer No.

working under my personal supervision.

Signed.....

Lawrence M. Spence

Signed.....

Student Embalmer

Licensed Embalmer No. *4343*

P. O. Address *St. Louis Mo*

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.