

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33279

FILED OCT 4 1952

State File No. 8829

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS</u> <u>2059</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	
<u>775 GOODFELLOW HVE</u>		<u>775 GOODFELLOW ONE</u>	

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
<u>MARGARET T. NOLAN</u>	<u>MARGARET</u>	<u>T.</u>	<u>NOLAN</u>	<u>SEPT 20-1952</u>

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>DEC. 10, 1887</u>	9. AGE (In years last birthday) <u>64</u>	IF UNDER 1 YEAR Months	IF UNDER 1 HR. Hours	IF UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>SECRETARY</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>ED. JONES STOCK BOND</u>	11. BIRTHPLACE (State or foreign country) <u>MO</u>	12. CITIZEN OF WHAT COUNTRY? <u>U</u>
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13a. FATHER'S NAME <u>PATRICK NOLAN</u>	13b. MOTHER'S MAIDEN NAME <u>MARY BROWN</u>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>488-03-1094</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Mary Nolan</u>	ADDRESS <u>775 Goodfellow Ave</u>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Infarction</u>		<u>6 hrs</u>
	*ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary occlusion</u> DUE TO (c) <u>Coronary Thrombosis</u>		<u>6 hrs</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>4201</u>
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22. I hereby certify that I attended the deceased from 9/16, 1952, to 9/20/52, 1952 that I last saw the deceased alive on 9/19/52, 1952, and that death occurred at 4 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Dr. Pranger M.D.</u>	23b. ADDRESS <u>4952 Newland</u>	23c. DATE SIGNED <u>9/20/52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>SEPT. 23-1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>CALVARY CEM</u>	24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS, MO</u>
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DATE REC'D BY LOCAL REG. <u>SEP 22 1952</u>	REGISTRAR'S SIGNATURE <u>J. Carl Smith M.D.</u>	EMERALD GENERAL DIRECTOR'S SIGNATURE <u>P. Mullen M.D.</u>	ADDRESS <u>5165 Delmar Pl.</u>
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WRITE PLAINLY—USING 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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

[Handwritten Signature]

Licensed Embalmer No. *4366*

P. O. Address *[Handwritten 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.