

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **16058**
4368

FILED MAY 14 1953

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 Missouri b. COUNTY _____				
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN St. Louis, Missouri		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN St Louis		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital				e. STREET ADDRESS (If rural, give location) 18 4509² GIBSON 2189				
3. NAME OF DECEASED (Type or Print) a. (First) AMBROSE		b. (Middle) _____		c. (Last) NOLAN		4. DATE OF DEATH (Month) (Day) (Year) APRIL 24, 1953		
5. SEX MALE		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH Apr 12 - 1890		
9. AGE (In years last birthday) 63		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 2 HRS. Hours _____ Min. _____				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CLERIC			10b. KIND OF BUSINESS OR INDUSTRY Scullin Steel			11. BIRTHPLACE (City and State or Foreign Country) St Louis Mo		
12. CITIZEN OF WHAT COUNTRY? USA			13a. FATHER'S NAME NICHOLAS NOLAN		13b. MOTHER'S MAIDEN NAME Mary E. NOLAN		14. NAME OF HUSBAND OR WIFE JULIA NOLAN	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 498-03-9946		17. INFORMANT'S SIGNATURE OR NAME Julia Nolan - 4509² Gibson				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of the lung				INTERVAL BETWEEN ONSET AND DEATH _____		
*This does not mean the mode of dying, such as asphyxiation, asphyxia, or suffocation, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES (b) metastases to bone & skin						
		DUE TO (c) _____						
		II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.) Pulmonary emphysema, severe						
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
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) _____				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 163x				
22. I hereby certify that I attended the deceased from 4-15-53 , 19____, to 4-24-53 , 19____, that I last saw the deceased alive on 4-24-53 , 19____, and that death occurred at 6:50P m., from the causes and on the date stated above.								
23a. SIGNATURE John M. Wallace M.D. (Degree or title)				23b. ADDRESS 1515 Lafayette Avenue		23c. DATE SIGNED 4-25-53		
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 4-28-53		24c. NAME OF CEMETERY OR CREMATORY NATIONAL		24d. LOCATION (City, town, or county) (State) St Louis Co. Mo.		
DATE REC'D BY LOCAL APR 28 1953		REGISTRAR'S SIGNATURE John M. Wallace		25. FUNERAL DIRECTOR'S SIGNATURE W. H. Paulsen - Oker - 4104 Manchester. ADDRESS _____				

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.....
Signature of Student Embalmer

Signed *Bert Johnson*.....

Licensed Embalmer No. *360*.....

P. O. Address *Johnson*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.

The Division of Health of Missouri

BUREAU OF VITAL STATISTICS

State File No. 16058-53
Local Registrar's No. 4368

State of _____ }
County of _____ } ss.

AFFIDAVIT FOR CORRECTION OF A RECORD

On this _____ day of _____, 195____, before me appears _____

_____ who, upon _____ oath, states that the original record of birth death
for Ambrose Nolan, died 4-24-, 1953 on the State of
born Missouri, and which was filed at _____ on _____, 19____, should be corrected as follows:

Item No. 13-b should read Matilda Oester
Instead of _____ Unknown

Item No. _____ should read _____
Instead of _____

Item No. _____ should read _____
Instead of _____

Item No. _____ should read _____
Instead of _____

Item No. _____ should read _____
Instead of _____

Item No. _____ should read _____
Instead of _____

Item No. _____ should read _____
Instead of _____

Item No. _____ should read _____
Instead of _____

The above is true to the best of my knowledge, information and belief.
(SEAL) X Affiant Mrs. Julia Ruth Nolan Relationship. Wife
4501² Gibson Present Address.

Subscribed and sworn to before me this 22 day of March, 1955
Alvin C. Padgett Notary Public.

My Commission expires 3-4-57

6722-7-25-43

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

