

S. No. 300
V. 10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23316

FILED JUL 8 - 1953

State File No.

BIRTH NO. REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 54L Registrar's No. 1741

1. PLACE OF DEATH a. COUNTY <u>ST LOUIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>ST LOUIS</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CLAYTON</u>		c. CITY OR TOWN <u>MARLEWOOD ST</u>	
c. LENGTH OF STAY (in this place) <u>3 days</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis County Hosp.</u>		e. STREET ADDRESS (If rural, give location) <u>2010 ALAMEDA</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>H</u> c. (Last) <u>Nolan</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 22 1953</u>		
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>FEB 4, 1878</u>	9. AGE (In years last birthday) <u>75</u>	IF UNDER 1 YEAR Months	IF UNDER 4 HRS. Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>FARM</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>KANSAS</u>	12. CITIZEN OF WHAT COUNTRY? <u>US</u>
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13a. FATHER'S NAME <u>THOMAS NOLAN</u>	13b. MOTHER'S MAIDEN NAME <u>MARY WALSH</u>	14. NAME OF HUSBAND OR WIFE <u>MILDRED NOLAN</u>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>NOT KNOWN</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MRS. JOS. WHITE (SISTER) 2010 ALAMEDA</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 <u>UNKNOWN</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>BLEEDING PEPTIC ULCER</u>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>GENERALIZED ARTERIOSCLEROSIS</u>		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>5400</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.)	21e. INJURY OCCURRED WHILE AT WORK? <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-20, 1953, to 6-22, 1953, that I last saw the deceased alive on 6-22, 1953, and that death occurred at 9:00 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Robert E. New</u> (Degree or title)	23b. ADDRESS <u>1811 S. Brentwood Clayton</u>	23c. DATE SIGNED <u>6-22-53</u>
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24a. BURIAL, CREMATION REMOVAL (Specify) <u>REMOVAL</u>	24b. DATE <u>JUNE 24 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>LILLIS KAN</u>	24d. LOCATION (City, town, or county) (State) <u>LILLIS KANSAS</u>
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DATE REC'D BY LOCAL REG. <u>6-23-53</u>	REGISTRAR'S SIGNATURE <u>Hebert R. Domb</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>746 MANCHESTER</u>
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(Licensed Embalmer's Statement on Reverse Side) ST LOUIS 17 110-

WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

ES 62 100

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 *Ronald O Yahnke*

Licensed Embalmer No. *391*

P. O. Address *St. Louis*

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.