

FILED SEP 21 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32067

State File No. 32067

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **8159**

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 township) OR TOWN **ST LOUIS,** c. LENGTH OF STAY (In this place) _____
c. CITY OR TOWN **ST LOUIS** d. Is Residence within limits of a city as incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION **4854 FARLIN AVE** STREET ADDRESS (If rural, give location) **4854 FARLIN AVE** **20790**

3. NAME OF DECEASED a. (First) **MARY** b. (Middle) **KATHRYN** c. (Last) **NOLAN** 4. DATE OF DEATH (Month) (Day) (Year) **SEPT, 4, 1954**

5. SEX **FEMALE** 6. COLOR OR RACE **WHITE** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **WIDOW** 8. DATE OF BIRTH **3/31/1881** 9. AGE (In years last birthday) **73** IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 1 MTH. Hours _____ Mins. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **HOUSEWIFE** 10b. KIND OF BUSINESS OR INDUSTRY _____ 11. BIRTHPLACE (City and State or Foreign Country) **ST LOUIS MISSOURI** 12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **JOHN HOWARD** 13b. MOTHER'S MAIDEN NAME **MARY RYAN** 14. NAME OF HUSBAND OR WIFE **CHARLES NOLAN**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **NO** 16. SOCIAL SECURITY NO. **NONE** 17. INFORMANT'S SIGNATURE OR NAME **ANNA TESSON** ADDRESS **4854 FARLIN AVE**

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.*
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Coronary occlusion** INTERVAL BETWEEN ONSET AND DEATH **2 hrs**
ANTECEDENT CAUSES **Angina pectoris** **1-2 yrs**
DUE TO (b) _____
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS **None**
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 NO

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 NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? **4201**

22. I hereby certify that I attended the deceased from **9-3-54**, to **9-4-54**, that I last saw the deceased alive on **9-3-54**, and that death occurred at **6:30 PM** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **Anthony V. Benincasa MD** 23b. ADDRESS **3731 Goodfellow Blvd** 23c. DATE SIGNED **9-4-54**

24a. BURIAL, CREMATION, REMOVAL (Specify) **BURIAL** 24b. DATE **9/7/54** 24c. NAME OF CEMETERY OR CREMATORY **CALVARY CEMETERY** 24d. LOCATION (City, town, or county) (State) **ST LOUIS MISSOURI**

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **STROOT - CARROLL 4600 NATURAL BRIDGE**

SEP 21 1954 REG. REGISTRAR'S SIGNATURE **J Earl Smith MD** (Licensed Embalmer's Statement on Reverse Side)

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..... *M. W. Ruetow*

Licensed Embalmer No. *4865*

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.