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FILED AUG 29 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28574

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 1808

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>Ballwin</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>University City 364</u>	
c. LENGTH OF STAY (In this place) <u>4 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>1247 Fairview</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>Pine Crest Nursing Home #1</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>MARY</u> b. (Middle) <u>T</u> c. (Last) <u>NOLAN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 2, 1955</u>		
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5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Nov. 7, 1876</u>		9. AGE (In years last birthday) <u>78</u> IF UNDER 1 YEAR <u>8</u> MONTHS <u>25</u> DAYS <u>25</u> IF UNDER 24 HRS. Hours Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Thread Trimmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Shoe Factory</u>		11. BIRTHPLACE (State or foreign country) <u>St. Louis, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
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13a. FATHER'S NAME <u>Thomas Kelly</u>		13b. MOTHER'S MAIDEN NAME <u>Annie E. Fillo</u>		14. NAME OF HUSBAND OR WIFE <u>Michael Nolan, Dec'd.</u>	
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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>190-11-6656</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Agnes Schmidt, 769 St. Charles, Florrisar</u> ADDRESS	
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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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio Sclerosis</u> DUE TO (c) <u>Chronic Hypertension</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
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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) <u>1143X</u>	
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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?	
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22. I hereby certify that I attended the deceased from _____, 19____ to _____, 19____; that I last saw the deceased alive on _____, 19____, and that death occurred at 2 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>R. W. Jensen</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Wesley Brown</u>		23c. DATE SIGNED <u>8/3/55</u>	
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24a. PUBLIC CREMATION <input checked="" type="checkbox"/> PRIVATE BURIAL <input type="checkbox"/>		24b. DATE <u>8/5/55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>8/4/55</u>		REGISTRAR'S SIGNATURE <u>Herbert P. Donike, M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Louis H. Popp, Inc.</u> ADDRESS <u>Kirkwood</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

(Licensed Embalmer's Statement on Reverse Side)

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 Felix Hernandez

Licensed Embalmer No. 3034

P. O. Address Kutwood 227

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.