

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-036954

FILED VS **OCT 10 1960**
INDEXED

317

Registration District No. **500**

Primary Registration District No. **2804**

STATE FILE NUMBER

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY St. Louis		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Des Peres		c. CITY OR TOWN Wellston		d. STREET ADDRESS (If outside, give location) 6308 Audrey Ave.	
Length of stay in lb UNK		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First John		Middle Nolan		Last Nolan		Month 9-21-60	
Day 21		Year 1960					
5. SEX Male		6. COLOR OR RACE White		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 10-27-69	
9. AGE (last birthday) 90		IF UNDER 1 YEAR		IF UNDER 24 HR			
Months		Days		Hours		Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Engraving			10b. KIND OF BUSINESS OR INDUSTRY Factory			11. BIRTHPLACE (City and state or country) St. Louis, Mo.	
12. CITIZEN OF WHAT COUNTRY USA			13a. FATHER'S NAME U'k			13b. MOTHER'S MAIDEN NAME UNK	
14. NAME OF HUSBAND OR WIFE Laura Nolan			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No			16. SOCIAL SECURITY NO. UNK	
17. INFORMANT Laura Nolan			Address 6308 Audrey Ave.				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:							INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Older sclerotic heart disease							2 yrs
DUE TO (b) Generalized arteriosclerosis							2 yrs
DUE TO (c) embolism							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) none							PART III. If deceased was female was there a pregnancy in last 90 days.
							<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY		Hour 1:00p		Month, Day, Year			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from 1 Aug 60 to 9/21/60 and last saw him alive on 9/21/60							
Death occurred at 1:00p on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE J.H. Bennett M.D. (Degree or title)				22b. ADDRESS 10444 Manchester St Parkhurst, Mo		22c. DATE SIGNED 9/22/60 (State)	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 9-23-60		23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery		23d. LOCATION (City, town, or county) St. Louis Co, Mo.	
24. FUNERAL DIRECTOR J.W. Clark F H 1125 Hodiament Ave. ADDRESS				25. DATE RECD. BY LOCAL REG. 9-22-60		26. REGISTRAR'S SIGNATURE John C. Murphy M.D.	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Dr. J. H. Barrett
10424 Manchester Rd.
Taylor 2 2500

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Alfred J. Boedeke
Licensed Embalmer No. 2663

P. O. Address 11951/4

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.