

6 1938

REC'D OCT 6 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

33375
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 784
(b) Township Carondelet Primary Registration District No. 200
(c) City St. Louis Mo (d) Street No. 1491 Registered No. 1491
(e) Length of residence in city or town where death occurred yrs. mos. 3 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
(If death occurred in Hospital or Institution, write its name instead of street and number)
St. Rose Sanatorium St.

2. PRINT FULL NAME

IRENE NOLAN 450
(a) Residence, No. 308 1/2 St. Charles Bellville Mo (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 24 1891

7. AGE YEARS 47 MONTHS 7 DAYS 12 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. at home
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Alton, Mo

13. NAME Thomas Nolan

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Covington, Ky

15. MAIDEN NAME Frieda Ferrick

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Alton, Mo

17. INFORMANT (ADDRESS) Thomas A. Nolan
Bellville Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Bellville DATE Sept 8 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Lundberg & Co.
Bellville Mo

20. FILED SEP 6 1938 DR Meyer Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 6 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 4 1938 to Sept 6 1938.

I last saw her alive on Sept 6 1938. Death is said to have occurred on the date stated above, at 4:15 PM.

The principal cause of death and related causes of importance were as follows:

Far Advanced Pulmonary Tuberculosis Date of onset 5 yrs ago

Other contributory causes of importance: Cardiac failure

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....

If so, specify.....

(Signed) Charles E. Gerson M. D.

(Address) St. Rose Sanatorium
St. Louis, Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Information should be stated EXACTLY. PHYSICIANS should state EXACTLY. AGE should be stated EXACTLY. OCCUPATION should be stated EXACTLY. PHYSICIANS should state EXACTLY. Information should be stated EXACTLY. AGE should be stated EXACTLY. OCCUPATION should be stated EXACTLY. PHYSICIANS should state EXACTLY.

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,

Edgar A. Baldus

....., or by

Registered Apprentice No., working under my personal supervision.

Signed.....

Edgar A. Baldus

Licensed Embalmer No.

2846

P. O. Address

Belleville, Mo

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, above space should be left blank.