

0. 2
3-40
7-39
K23159

Registration District No. **791** Primary Registration District No. **1003**

FILED OCT 25 1940

1. PLACE OF DEATH:

(a) County _____

(b) City or town St Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St Luke's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 24 hrs
(Specify whether)

In this community _____
years, months or days

3. (a) PRINT FULL NAME Baby Nolland.

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex F 5. Color or race W

6. (a) Single widowed, married, divorced _____

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased 9-13-40 - 11:25 A.M.
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____ If less than one day 1 hr. 5 min.

9. Birthplace St. Louis Mo
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name Victor H. Nolland

13. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Mary Callum

15. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Victor H. Nolland

(b) Address 59 39 Oakherst

17. (a) Burial (b) Date thereof 9/14/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Alexander & Sons

(b) Address 6175 Delmar

19. (a) **SEP 14 1940** (b) J. J. Prodeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____

(c) City or town St Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 59 39 Oakherst
(If rural, give location)

(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 13
year 40 hour 12 minute 30 P.M.

21. I hereby certify that I attended the deceased from 9-13-40
11:25 a.m., 1940, to _____, 1940;
that I last saw her alive on 9-13, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Prematurity - 33 wks gestation.

Due to Cesarean Section delivery because of placenta praevia - Centralis

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy _____

159

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) _____ (County) _____ (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)

(e) Means of injury 1

23. Signature Myron W. Davis (M. D. or other) _____

Address 3720 Washington Date signed 9-13-40

WRITE PLAINLY—USE 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.....

Albert E. White....., Registered Apprentice No. *209*
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.