

FILED JUL 31 1944

Registration District No. 318 Primary Registration District No. 100 Registrar's No. 6433

1. PLACE OF DEATH:

(a) County _____

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

(c) Name of hospital or institution:
St. Louis City Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day
(Specify whether _____)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State: Indiana (b) County: 999

(c) City or town: 12
(If outside city or town limits, write "RURAL") 0

(d) Street No. 2 Oakland City
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country: 2

3. (a) PRINT FULL NAME: Thomas Nolan

(b) If veteran, name war _____ (c) Social Security No. 310-09-2794

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 19th
year 1944 hour 8 minute 20 P.M.

4. Sex: Male 5. Color of Race: White

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

6. (b) Name of husband or wife: Hazel 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: _____
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from July 18th, 1944 to July 19th, 1944; that I last saw him alive on July 19th, 1944; and that death occurred on the date and hour stated above.

Immediate cause of death: Pulmonary tuberculosis Duration: _____

8. AGE: Years abt. 57 Months _____ Days _____ If less than one day hr. _____ min. _____

Due to: 1 1/2 hr

Due to: _____

9. Birthplace: Pike County, Indiana
(City, town, or county) (State or foreign country)

10. Usual occupation: Retired Coal Miner

Other conditions: Laryngeal tuberculosis
(Include pregnancy within 3 months of death)

MOTHER FATHER

11. Industry or business _____

12. Name: Samuel Nolan

13. Birthplace: North Carolina
(City, town, or county) (State or foreign country)

14. Maiden name: Anna Nelson

15. Birthplace: Indiana
(City, town, or county) (State or foreign country)

Major findings: Of operations: none

Of autopsy: refused

PHYSICIAN: _____ Underline the cause to which death should be charged statistically.

16. (a) Informant: Mrs. Eldora Snee

(b) Address: 440 Summer, Mississippi, Ind.

17. (a) Burial (b) Date thereof: July 23, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Winslow Cemetery, Winslow, Indiana

18. (a) Signature of funeral director: Wacker Alderle

(b) Address: 3634 Gravois Ave.

19. (a) JUL 21 1944 (Date received local registrar) J. F. Freed (Registrar's signature)

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? _____
(Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature: Edw. W. G... 7/21/44 (M.D. or other) 7/21/44
Address: 1515 Lafayette Date signed _____

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1915

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *Frank J. Reed*.....
Licensed Embalmer No..... *9815*.....
P. O. Address..... *St Louis 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, fact should be so stated above.