

6. 2
1/47
7-39

FILED JUN 13 1947
Registration District No. **318**

Primary Registration District No. **1005**

Registrar's No. **5371**

1. PLACE OF DEATH:

(a) County.....

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

(c) Name of hospital or institution **Infirmary Hospital**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **8/6/46 to 5/29/47**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **000**

(c) City or town **St. Louis** **17**
(If outside city or town limits, write "RURAL")

(d) Street No. **2656 Russell Blvd.** **9**
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No) **0**

If yes, name country.....

3. (a) PRINT FULL NAME **MARY NOLAN**

3. (b) If veteran, name war.....

3. (c) Social Security No.

4. Sex **Female** 5. Color or race **White**

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

6. (b) Name of husband or wife.....

6. (c) Age of husband or wife if alive **9 1/2** years (Day) (Year)

7. Birth date of deceased **Feb. 9 1869**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
78	3	20hr.min.

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

10. Usual occupation **Nil**

11. Individual business Name **Peter Nolan**

12. Birthplace **Ireland**
(City, town, or county) (State or foreign country)

13. Maiden name **Unknown**

14. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

15. Informant **City Infirmary Records**

16. Address **5800 Arsenal St**

17. (a) **Burial** (b) Date thereof **June 2-1947**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary**

18. (a) Signature of funeral director **M. J. ...**

(b) Address **1926 Allen Avenue**

19. (a) **MAY 31 1947** (b) **J. P. ...**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **29**
year **1947** hour **8** minute **25** P.M.

21. I hereby certify that I attended the deceased from **Aug. 6**, 19**46**, to **May 29**, 19**47**, that I last saw him **er** alive on **May 29**, 19**47**, and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma of colon 46 e**

Due to **metastasis 55 e**
(Carcinomatosis general) 2 yrs

Due to **46 e**

Other conditions (Include pregnancy within 3 months of death) **46 e**

PHYSICIAN

Major findings: Of operations.....

Of autopsy.....

Underline the cause of 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?.....

(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 **0**

23. Signature **M. P. ...** M. D. or other) **0**

Address **5800 Arsenal** Date signed **5-30-47**

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

MOTHER FATHER
5800 Arsenal St
St. Louis, Mo

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..... *Reg. C. Duncan*

..... Licensed Embalmer No..... 2272

P. O. Address..... 1926 Allen Avenue

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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State File No.

State of Missouri
City of St. Louis } ss.

AFFIDAVIT FOR CORRECTION OF A RECORD Local Registrar's No.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

On this 2nd day of July, 1947, before me appears.....

William C. Moydell, who, upon his oath, states that the original record of ~~birth~~ death

for Mary Nolan, died May 29th, 1947, in the State of Missouri, and which was filed at St. Louis, Missouri on June 1st, 1947, should be corrected as follows:

Item No. 7 should read February 9-1869

Instead of February 9-1870

Item No. 8 should read 78 Years-3 Months-20 Days

Instead of 77 Years-3 Months-20 Days

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant W. C. Moydell Funeral Director
Relationship.

1926 Allen Avenue

Present Address.

Subscribed and sworn to before me this 2nd day of July, 1947.

My Commission expires Sept. 22nd, 1950 George S. ... Notary Public.

S-19197