No. 2
-1/47
17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED FEB 20 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 6827

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1385

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

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. Louis Childrens Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

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. 1447 La Salle Street (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME RICKEY LEE NOLEN
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
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 years
7. Birth date of deceased December 16-1947 (Month) (Day) (Year)

8. AGE: Years | Months 1 | Days 22 | If less than one day hr. min.
9. Birthplace St. Louis, (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Nil
11. Industry or business
FATHER
12. Name Charles Nolen
13. Birthplace (City, town, or county) Missouri (State or foreign country)
MOTHER
14. Maiden name Helvetia Anthony
15. Birthplace St. Louis, (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Charles Nolen
(b) Address 1447 La Salle Street
17. (a) Bruial (Burial, cremation, or removal) (b) Date thereof 2-10-1948 (Month) (Day) (Year)
(c) Place: burial or cremation St. Matthew Cemetery
18. (a) Signature of funeral director Mogdell Und Co
(b) Address 1926 Allen Avenue
19. (a) FEB 10 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month February day 8 year 48 hour 4 minute 35 P.M.
21. I hereby certify that I attended the deceased from 1-15, 1948 to 2-8, 1948 that I last saw him alive on 2-8, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Severe Diarrhea
Due to Gastro Intestinal Hemorrhage
Due to
Other conditions (Include pregnancy within 3 months of death) 119
Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
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? (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 Gilbert B. Forbes (M. D. or other)
Address 500 S. Kingshighway Date signed

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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

Signed Benj. 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.