

## STANDARD CERTIFICATE OF DEATH

FILED JUN 21 1948

Registration District No. ....

318

Primary Registration District No. ....

1003

Registrar's No. ....

## 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: **City Hospital** 0  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution..... **7 hours**  
(Specify whether hours, months or days)  
 In this community..... **About 30 yrs.**  
years, months or days

## 3. (a) PRINT

FULL NAME **Alma Nolan.**

3. (b) If veteran,

name war..... **no**

3. (c) Social Security No.

4. Sex **female** 5. Color or race **white**  
 6. (a) Single, widowed, married, divorced, **widowed**  
 6. (b) Name of husband or wife..... **James Nolan**  
 6. (c) Age of husband or wife if alive..... years  
 7. Birth date of deceased..... **Oct. 14, 1893**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**54 7 23** ..br. ....min.

9. Birthplace..... **unknown Illinois**  
(City, town, or county) (State or foreign country)

10. Usual occupation..... **house wife**

11. Industry or business.....

12. Name..... **John Hardeick**

13. Birthplace..... **Unknown Holland** 4  
(City, town, or county) (State or foreign country)

14. Maiden name..... **Caroline Kruse**

15. Birthplace..... **unknown Germany** 4  
(City, town, or county) (State or foreign country)

16. (a) Informant..... **Robert Nolan**

(b) Address..... **2521 Rauchenbach Ave**

17. (a) **burial** (b) Date thereof **6-10-'48**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... **Laurel Hill Gardens**

18. (a) Signature of funeral director..... **Goodhart & Goodhart**

(b) Address..... **2228 St. Louis Ave**

19. (a) **JUN 9 1948** (b) **J. F. Bradeck**  
(Date received local registrar) (Registrar's signature)

## 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") 19  
 (d) Street No. **20 2521 Rauchenbach Ave** 0  
(If rural, give location)  
 (e) Citizen of foreign country?..... (Yes or No)  
 If yes, name country.....

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... **June** day..... **7**  
 year..... **1948** hour..... **3** minute..... **50 P.M.**

21. I hereby certify that I attended the deceased from.....  
**6-7-**....., 19**48**, to..... **6-7-**....., 19**48**  
 that I last saw h. **ex** alive on..... **6-7-**....., 19**48**  
 and that death occurred on the date and hour stated above.

Immediate cause of death..... **Cerebral Thrombosis** 1 day  
 Duration

Due to..... **Hypertension** ?

Due to..... **10/10**

Other conditions..... **J.F.**  
(Include pregnancy within 3 months of death)

Major findings:  
 Of operations.....

Of autopsy.....

## 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?.....

While at work?..... (Specify type of place)

(e) Means of injury.....

23. Signature..... **Albert Kaplan** (M. D. or other)

Address..... **607 N. Grand** Date signed..... **6-8-48**

MOTHER FATHER

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 Gustav W. White

Licensed Embalmer No. 4329

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.