

FILED JUN 27 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **21498**
Registrar's No. **5251**

BIRTH NO.		REG. DIST. NO. 318	PRIMARY REG. DIST. NO. 1003	Registrar's No. 5251	
1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION 5225 Wabada			d. STREET ADDRESS (If rural, give location) 6 5225 Wabada		
3. NAME OF DECEASED (Type or Print) William		a. (First) Joseph		b. (Middle) Nolan	
c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) June 16, 1949			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Oct. 30, 1879	9. AGE (In years last birthday) 69	IF UNDER 1 YEAR Months 7 Days 16
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Conductor		10b. KIND OF BUSINESS OR INDUSTRY Public Service		11. BIRTHPLACE (State or foreign country) Ireland	
13a. FATHER'S NAME James Nolan		13b. MOTHER'S MAIDEN NAME Catherine Hennessey		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Michael J. Delaney	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* MItral Insufficiency - Ch. Myocarditis 5 yrs + Acute Cardiac Dilatation ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. OK P. 27			INTERVAL BETWEEN ONSET AND DEATH 5 yrs +
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION no		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) no		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 920	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) —		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 410K	
22. I hereby certify that I attended the deceased from Oct 25, 1947 to June 21, 1949 that I last saw the deceased alive on June 7, 1949 and that death occurred at 2:00 P.M. m., from the causes and on the date stated above.					
23a. SIGNATURE Dr. Wm J. Langue			23b. ADDRESS 65803 Plymouth av		23c. DATE SIGNED June 17/49
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6/20/49		24c. NAME OF CEMETERY OR CREMATORY Calvary Cem.	
24d. LOCATION (City, town, or county) (State) St. Louis Mo.		DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE JOB Lasater		25. FEDERAL DIRECTOR'S SIGNATURE Chas. F. Smart	
DATE REC'D BY LOCAL JUN 17 1949		25. FEDERAL DIRECTOR'S ADDRESS 1225 Union			

WRITE PLAINLY—USING 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed

Robert M Murray

Licensed Embalmer No. *3749*

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.