

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

28586  
7188

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. ....

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>	
c. LENGTH OF STAY (in this place) <u>1 WK.</u>		2049	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Deaconess Hospital</u>		3. STREET ADDRESS (If rural, give location) <u>1540 Tamm Ave.</u>	

3. NAME OF DECEASED (Type or Print) s. (First) <u>Belle</u> b. (Middle) <u>H.</u> c. (Last) <u>Nolan</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 11, 1951</u>		
5. SEX <u>female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	
8. DATE OF BIRTH <u>Apr. 16, 1898</u>		9. AGE (In years last birthday) <u>53</u>		10. F UNDER 1 YEAR Months <u>3</u> Days <u>26</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>St. Louis, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME <u>Holmes</u>		13b. MOTHER'S MAIDEN NAME <u>unknown</u>	
14. NAME OF HUSBAND OR WIFE <u>Harry Nolan</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME <u>Harry Nolan</u>		ADDRESS <u>1540 Tamm Ave.</u>			

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u>		DUE TO (b) <u>Ch. Nephritis</u>			<u>1 WK</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) <u>hyperbolic C.V.R. Arterio</u>			<u>5 yrs</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>St. Nephrectomy 1945?</u>			<u>10 yrs</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>HHGX</u>	

22. I hereby certify that I attended the deceased from 3 Aug 1951 to 11 Aug 1951, that I last saw the deceased alive on 10 Aug 1951, and that death occurred at 12-05 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Richard H. Kay, M.D.</u> (Degree or title) <u>0</u>		23b. ADDRESS <u>5935 Southview Ave</u>		23c. DATE SIGNED <u>13 Aug 51</u>	
24a. BURIAL, CREMATION, REINBURSEMENT		24b. DATE <u>Aug. 14, 51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Pk. Cemetery. St. Louis County Mo.</u>	
24d. LOCATION (City, town, or county) (State)		24e. FUNERAL DIRECTOR'S SIGNATURE <u>Jay B. Smith</u> ADDRESS <u>7456 Manchester Ave.</u>			

DATE REC'D BY LOCAL REG. <u>AUG 13 1951</u>		REGISTRAR'S SIGNATURE <u>Earl Smith</u>		5. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	
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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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed

*Robert M. Murray*

Signed.....  
Student Embalmer

Licensed Embalmer No. *2749*

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.