

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **35457**  
**9280**

FILED NOV 2 1951

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

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>	c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b> <b>2269</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Enroute to City Hospital</b>		2e. STREET ADDRESS (If rural, give location) <b>1512 Palm St</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Glenn</b>	b. (Middle) <b>E</b>	c. (Last) <b>Nolan</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>10 21 51</b>
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5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>Sept. 6-1895</b>	9. AGE (In years last birthday) (Month) (Day) (Year) <b>56</b>	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Supervisors</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>US Postal Dept</b>	11. BIRTHPLACE (State or foreign country) <b>Ind.</b>	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME <b>Vernon Nolan</b>	13b. MOTHER'S MAIDEN NAME <b>Gladys Gillatt</b>	14. NAME OF HUSBAND OR WIFE <b>Teresa Nolan</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>I World War</b>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <b>Teresa Nolan</b>	ADDRESS <b>1512 Palm St</b>
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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		INTERVAL BETWEEN ONSET AND DEATH <b>4 da.</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Atherosclerosis</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arterial Hypertension</b>		<b>1 yr.</b>
DUE TO (c) <b>Chronic Pulmonary</b>		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>H2O1</b>
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22. I hereby certify that I attended the deceased from **Oct 17, 1951**, to **Oct**, 19**51**, that I last saw the deceased alive on **Oct 21, 1951**, and that death occurred at **2:00 PM** from the causes and on the date stated above.

23a. SIGNATURE <b>J. D. Pugh</b>	(Degree or title) <b>M.D.</b>	23b. ADDRESS <b>2305 W. Harrison</b>	23c. DATE SIGNED <b>10-22-51</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>10-24-1951</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Calvary Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis Missouri</b>
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DATE REC'D BY LOCAL REG. <b>10/24/51</b>	REGISTRAR'S SIGNATURE <b>J. Earl Smith M.D.</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Leidner U.</b>	ADDRESS <b>2223 St. Louis Ave.</b>
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**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 John P. Buchholz  
Licensed Embalmer No. 1074

P. O. Address 2223 S. Lewis Ave

**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.