S. No. 300
V. 10.48

FILED JUL 22 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26173

State File No. .....

BIRTH NO. ..... REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 6417

1. PLACE OF DEATH a. COUNTY: ST. LOUIS	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE: Missouri b. COUNTY:
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis c. LENGTH OF STAY (in this place): 6 yrs. 10 days	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Missouri ST. LOUIS 2139
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): City Infirmary	d. STREET ADDRESS (If rural, give location): 13 5800 Arsenal

3. NAME OF DECEASED (Type or Print)	a. (First): Emily	b. (Middle): Nolan	c. (Last):	4. DATE OF DEATH (Month) June (Day) 28 (Year) 1952
5. SEX: female	6. COLOR OR RACE: white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): single	8. DATE OF BIRTH: MARCH 22 1862	9. AGE (In years last birthday): 90 — IF UNDER 1 YEAR: Months 3 Days 6 — IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEKEEPER	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country): St. Louis, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME: Henry Nolan	13b. MOTHER'S MAIDEN NAME: Ellen Barrett	14. NAME OF HUSBAND OR WIFE: NONE		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): NO	16. SOCIAL SECURITY NO.: UNKNOWN	17. INFORMANT'S SIGNATURE OR NAME: LESTER WATSON	ADDRESS: 1015 BOLAND PL.	

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, asthenia, etc. It means the disease, injury or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) (1) Heat Prostration

ANTECEDENT CAUSES — Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) (2) Generalized Arteriosclerosis

DUE TO (c) with Cardiac Components.

I. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION: 450-0	20. AUTOPSY? YES ☐ NO ☐
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) m.	21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR? 4[illegible]

22. *I hereby certify that I attended the deceased from* 7-16, 19 46, *to* 6-28-52, 19 ___, *that I last saw the deceased alive on* 6-28-52, 19 ___, *and that death occurred at* 10:10 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Palmer Truman Bowdish M.D.	23b. ADDRESS: 5800 Arsenal St.,	23c. DATE SIGNED	
24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL	24b. DATE: JUNE 30 52	24c. NAME OF CEMETERY OR CREMATORY: CALVARY CEMETERY	24d. LOCATION (City, town, or county) (State): ST. LOUIS MO.
DATE REC'D BY LOCAL REG.: JUL 3 1952 JUL 3 1952	REGISTRAR'S SIGNATURE: J Carl Smith MD	25. FUNERAL DIRECTOR'S SIGNATURE: G. H. Bocklage	ADDRESS: 6536 Clayton Rd.

(Licensed Embalmer's Statement on Reverse Side)

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~~ No

..... Student Embalmer No. .....

working under my personal supervision.

Student .....
Student Embalmer

Signed B W Wilkinson

Licensed Embalmer No. 3575

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.