

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. **3357**

FILED JAN 20 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **35**

<b>1. PLACE OF DEATH</b> a. COUNTY <u>                    </u>  b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>St. Louis</u> ) c. LENGTH OF STAY (In this place) <u>3 months</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1409 McCausland Avenue.</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>  c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Eureka 4740</u> d. STREET ADDRESS (If rural, give location) <u>                    </u>	
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<b>3. NAME OF DECEASED</b> (Type or Print) <u>NOLA ETHELA TOLLIVER</u>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>Jan 1, 1954</u>		
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<b>5. SEX</b> <u>Female</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)</b> <u>Married</u>	<b>8. DATE OF BIRTH</b> <u>Nov 8, 1881</u>	<b>9. AGE (In years last birthday)</b> <u>72</u>	IF UNDER 1 YEAR Months Days Hours Mts.
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<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>At Home</u>	<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <u>Flora, Illinois</u>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U.S.A.</u>
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<b>13a. FATHER'S NAME</b> <u>Henry Bier</u>	<b>13b. MOTHER'S MAIDEN NAME</b> <u>Sarah Cook</u>	<b>14. NAME OF HUSBAND OR WIFE</b> <u>Otto Tolliver</u>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	<b>16. SOCIAL SECURITY NO.</b> <u>none</u>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> ADDRESS <u>Mrs Esther Gifford, 1409 McCausland Ave</u>
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<b>18. CAUSE OF DEATH</b> 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.	<p align="center"><b>MEDICAL CERTIFICATION</b></p> <b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)</b> <u>Atherosclerosis</u>  <b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____	<b>INTERVAL BETWEEN ONSET AND DEATH</b>   _____
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.		

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>
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<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (M.)	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b> <u>4500</u>
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**22. I hereby certify that I attended the deceased from Sept 1, 1952, to Sept 68/1954 I last saw the deceased alive on 5-20-54, 1954 and that death occurred at 3:15 A.M., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> (Degree or title) <u>M.C. Sheets M.D.</u>	<b>23b. ADDRESS</b> <u>4329 Mansfield</u>	<b>23c. DATE SIGNED</b> <u>11/2/53</u>
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<b>24a. BURIAL, CREMATION, REMOVAL (Specify)</b> <u>Removal</u>	<b>24b. DATE</b> <u>Jan 4, 1954</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Mt Hope Cemetery</u>	<b>24d. LOCATION</b> (City, town, or county) (State) <u>Belleville, Illinois</u>
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<b>DATE REC'D BY LOCAL</b> <u>JAN 4 1954</u>	<b>REGISTRAR'S SIGNATURE</b> <u>J. C. Smith M.D.</u>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> ADDRESS <u>Shepard Funeral Home, 1187 Hamilton Ave</u>
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(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 Me

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Elton H. Remelua

Licensed Embalmer No. 4283

P. O. Address St. Louis, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.