

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **7097**
 BIRTH NO. **FILED FEB 18 1954** REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **541** Registrar's No. **212**

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clayton		c. CITY OR TOWN University City d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. LENGTH OF STAY (In this place) 4 WKS		e. STREET ADDRESS (If rural, give location) 1247 Fairview	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis County Hosp/			

3. NAME OF DECEASED (Type or Print) a. (First) Joseph b. (Middle) T c. (Last) Nolan			4. DATE OF DEATH (Month) (Day) (Year) 1 - 22 - 54		
5. SEX Male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH May 7 1906		9. AGE (In years, last birthday) 47		IF UNDER 1 YEAR: Months 7 Days 15 IF UNDER 24 HRS. Hours 15 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of preceding 12 months if retired) Leather Hand Cutter			10b. KIND OF BUSINESS OR INDUSTRY Novelty Sportswe		
11. BIRTHPLACE (City and State or Foreign Country) St. Louis Mo/			12. CITIZEN OF WHAT COUNTRY? US		

13a. FATHER'S NAME Michael Nolan		13b. MOTHER'S MAIDEN NAME Mary Kelly		14. NAME OF HUSBAND OR WIFE May McCoy Nolan	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes World War 2		16. SOCIAL SECURITY NO. 2490-03-9769		17. INFORMANT'S SIGNATURE OR NAME Mrs. May Nolan, 1247 Fairview, U. City	

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, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Nephrosis		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Multiple Myeloma			
DUE TO (c)					
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 203X		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT (Specify) SUICIDE HOMICIDE		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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **12-23-1953**, to **1-22-1954**, that I last saw the deceased alive on **1-22-1954**, and that death occurred at **11:43a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Richard E. Conner, M.D.		23b. ADDRESS 601 S Brentwood		23c. DATE SIGNED 1/23/54	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 1/26/54		24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery	
24d. LOCATION (City, town, or county) (State) St. Louis County Mo.		25. FUNERAL DIRECTOR'S SIGNATURE LOUIS H. BOPP, Inc.		ADDRESS Kirkwood, Mo.	
DATE, REC'D BY LOCAL REG. 1/24/54		REGISTRAR'S SIGNATURE Heber G. ...			

(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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *Felix Howard*

Licensed Embalmer No... 303

P. O. Address *1 Kentwood*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.