

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

FILED MAR 18 1955

State File No. **10008**  
Registrar's No. **19211**

DEATH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. <b>19211</b>	
<b>1. PLACE OF DEATH</b> a. COUNTY _____				<b>2. USUAL RESIDENCE</b> (When deceased lived. If institution: institution before admission) a. STATE <b>Missouri</b> b. COUNTY _____			
b. CITY OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY in this place _____		c. CITY OR TOWN <b>St. Louis</b>		d. In institution within limits of a city or township? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>2943<sup>rd</sup> Easton</b>				e. STREET ADDRESS (If rural, give location) <b>21 2943<sup>rd</sup> Easton 22170</b>			
<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <b>Minnie</b> b. (Middle) <b>Lee</b> c. (Last) <b>Nolan</b>				<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>Feb. 27, 1955</b>			
5. SEX <b>F</b>		6. COLOR OR RACE <b>Negro</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED OR SEPARATED <b>Widowed</b>		8. DATE OF BIRTH <b>Feb. 4, 1896</b>	
9. AGE (In years last birthday) <b>59</b>		10. USUAL OCCUPATION (Specify kind of work describing most of working life even if retired) <b>Agent</b>		11. KIND OF BUSINESS OR INDUSTRY <b>Cosmetic Emporium</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Vardaman, Miss</b>	
12. CITIZEN OF WHAT COUNTRY? _____		13a. FATHER'S NAME <b>Flora Payne</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Hill</b>		14. NAME OF HUSBAND OR WIFE <b>John Nolan</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, give date) <b>No</b>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <b>Morroe Payne</b> ADDRESS <b>1416 Patton</b>			
<b>18. CAUSE OF DEATH</b> Enter only cause(s) per Sec 43 (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, exhaustion, etc. It means the disease, injury, or complication which caused death.		<b>MEDICAL CERTIFICATION</b> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of Stomach</b>  ANTECEDENT CAUSES Mental condition, if any, giving rise to the above cause (a) during the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<b>INTERVAL BETWEEN ONSET AND DEATH</b> <b>1 year</b>	
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, 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 _____				21g. _____ <b>151X</b>	
22. I hereby certify that I attended the deceased from <b>Nov 19, 1954</b> , to <b>27 Feb 1955</b> , that I last saw the deceased alive on <b>27 Feb 1955</b> , and that death occurred at <b>3 P</b> m., from the causes and on the date stated above.							
23a. SIGNATURE <b>W. H. Keaton</b> (Degree or title) _____				23b. ADDRESS <b>809 N Jefferson</b>		23c. DATE SIGNED <b>28 Feb</b>	
24. BURIAL, CREMATION OR REMOVAL (Specify) <b>Removal</b>		24a. DATE <b>March 5, 1955</b>		24b. NAME OF CEMETERY OR CREMATORY <b>Washington Park</b>		24c. LOCATION (City, town, or county) (State) <b>St. Louis, Mo.</b>	
DATE RECD BY LOCAL REG. <b>MAR 1 1955</b>		REGISTRAR'S SIGNATURE <b>J. Carl Smith</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Mrs. B. Launce</b> ADDRESS <b>1221 N Grand</b>			

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 *Guyton Swan*.....

Licensed Embalmer No. *452*  
P. O. Address *1221*.....

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.