

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500

1. PLACE OF DEATH
a. COUNTY ST LOUIS
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN MEHLVILLE
c. LENGTH OF STAY (in this place) (township) 36 YRS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Rt 8 - Box 750 KERR ROAD

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MISSOURI b. COUNTY St. Louis
c. CITY OR TOWN MEHLVILLE 485 P
d. Is Residence within limits of a city or incorporated town? Yes No
e. STREET ADDRESS (If rural, give location) Rt 8 - Box 750

3. NAME OF DECEASED
a. (First) ROSA b. (Middle) BERTHA c. (Last) NOLLAN
4. DATE OF DEATH (Month) (Day) (Year) NOV - 1 - 1955

5. SEX FEMALE 6. COLOR OR RACE WHITE 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED 8. DATE OF BIRTH Sept. 22 - 1887 9. AGE (in years last birthday) 68 IF UNDER 1 YEAR Months 1 Days 10 IF UNDER 1 HR. Hours 10 Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE 10b. KIND OF BUSINESS OR INDUSTRY HOME 11. BIRTHPLACE (City and State or Foreign Country) SAPPINGTON, MO 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME WILLIAM GRATEKE 13b. MOTHER'S MAIDEN NAME BERTHA HOCH 14. NAME OF HUSBAND OR WIFE ERNEST NOLLAN (DECEASED)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) NONE 16. SOCIAL SECURITY NO. NONE 17. INFORMANT'S SIGNATURE OR NAME MR CLARENCE NOLLAN ADDRESS Rt 8 - Box 750 KERR RD

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) Coronary Occlusion
ANTECEDENT CAUSES 9 Hypertension C.V DUE TO (b) diabetes
DUE TO (c) 2 year
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION NO 19b. MAJOR FINDINGS OF OPERATION 443x 20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) NO 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) NO 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) NO 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-17, 1953, to 11-1, 1955, that I last saw the deceased alive on 10-31, 1955, and that death occurred at 7 A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Maedo M. Roman MD 23b. ADDRESS 9505 Gravis 23c. DATE SIGNED 11.3.55

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 24b. DATE NOV - 4 - 1955 24c. NAME OF CEMETERY OR CREMATORY ST. LUCAS CEM. 24d. LOCATION (City, town, or county) (State) SAPPINGTON, MO.

DATE REC'D BY LOCAL REG. 11-3-55 REGISTRAR'S SIGNATURE Herbert R. Donham D. 25. FUNERAL DIRECTOR'S SIGNATURE FAY FUNERAL HOME, ADDRESS MEHLVILLE, MO.

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..... *G. W. Wilkinson*

Licensed Embalmer No..... *35*

P. O. Address..... *N. Linn*

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.