

FILED APR 8 - 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9166**

1. No. 300
1. 10. 48

BIRTH NO. _____ REG. DIST. NO. 162 PRIMARY REG. DIST. NO. 3594 Registrar's No. 25

1. PLACE OF DEATH a. COUNTY <u>JEFFERSON</u>		2. USUAL RESIDENCE (Where deceased lived, if institution residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL - MERAMEC</u>	c. LENGTH OF STAY (in this place) <u>16 DAYS</u>	c. CITY OR TOWN <u>VALLEY PARK</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph's Hill Infirmary</u>		e. STREET ADDRESS (If rural, give location) <u>RURAL - R.F.D. 4000</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>ANDREW</u> b. (Middle) _____ c. (Last) <u>NOLAN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>MARCH 25 1957</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>MARCH 11, 1963</u>
9. AGE (in years last birthday) <u>94</u>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>FARMER</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>ROCK CREEK, MO.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>NELSON NOLAN</u>	13b. MOTHER'S MAIDEN NAME <u>AGNES PILLON</u>	14. NAME OF HUSBAND OR WIFE <u>CATHERINE SCHMITT</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Bro. Rich. St. Joseph's Hill - EUREKA Mo.</u> ADDRESS _____	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>VIRUS PNEUMONIA</u>		INTERVAL BETWEEN ONSET AND DEATH _____	
ANTECEDENT CAUSES * This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>INFIRMITIES OF AGE</u>			
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 _____	20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> 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) <u>492x</u> (STATE) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from <u>3/9</u> , 1957, to <u>3/25</u> , 1957, that I last saw the deceased alive on <u>3/25</u> , 1957, and that death occurred at <u>6:00 a. m.</u> , from the cause and on the date stated above.			
23a. SIGNATURE <u>J. Marden</u> (Degree or title) _____	23b. ADDRESS <u>4323 Grand Blvd. Normandy</u>	23c. DATE SIGNED <u>3/25/57</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>3/27/57</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Paul's</u>	24d. LOCATION (City, town, or county) (State) <u>Clinton Mo.</u>
DATE REC'D BY LOCAL REG. <u>3/27/57</u>	REGISTRAR'S SIGNATURE <u>Edward C. Lauer</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Leslie Lieser</u> ADDRESS <u>Clinton Mo.</u>	

WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

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JEFFERSON COUNTY HEALTH DEPT.

HILLSBORO, MISSOURI

DATE RECEIVED

APR 1 1957

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 *Samuel J. Mahan*.....

Licensed Embalmer No. *432*.....

P. O. Address *Helton*.....

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.