

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

13703

State File No. ....

FILED APR 16 1957

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 162 PRIMARY REG. DIST. NO. 5594 Registrar's No. 33

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) <u>RURAL-MERAMEC</u>		c. LENGTH OF STAY (in this place) <u>10 MO 21 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>LARKIN WILLIAMS RD. 4400 1/2</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Louis</u>		b. (Middle) <u>NOLAN</u>	c. (Last) <u>NOLAN</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>APRIL 2 1957</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE</u>	8. DATE OF BIRTH <u>Nov. 26 1895</u>		9. AGE (In years last birthday) <u>61</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LABORER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>FARM</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>JEFFERSON COUNTY</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>ANDREW NOLAN</u>		13b. MOTHER'S MAIDEN NAME <u>KATHERINE SCHMITT</u>		14. NAME OF HUSBAND OR WIFE <u>SINGLE</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. ROCH ST. JOSEPH'S HILL INF EUREKA</u>		
15. ADDRESS <u>St. Joseph's Hill Inf Eureka</u>	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) <u>BRONCHIAE PNEUMONIA</u>				INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES				
	DUE TO (b) <u>CARDIAC INSUFFICIENCY</u>				
	DUE TO (c) <u>MINGLOID</u>				
	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 <u>4222</u>				20. AUTOPSY? <u>2</u>
19a. 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 bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)		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 <u>5/12, 1956</u> , to <u>4/2, 1957</u> , that I last saw the deceased alive on <u>4/2, 1957</u> , and that death occurred at <u>9:30 p.m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>J.P. Marden MD</u>			23b. ADDRESS <u>4323 Roland Dr. N. St. Louis</u>		23c. DATE SIGNED <u>4/3/57</u>
24a. BURYING CREMATION REMOVAL (Specify)	24b. DATE <u>4/5/57</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Paul's Centon</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis MO</u>	
DATE REC'D BY LOCAL REG. <u>4/4/57</u>		REGISTRAR'S SIGNATURE <u>Robert C. Dauer</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Leola Feiler</u>	
				ADDRESS <u>St. Louis 190.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

5470

JEFFERSON COUNTY HEALTH DEPT.  
HILLSBORO, MISSOURI

DATE RECEIVED

APR 10 1957

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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.....

Licensed Embalmer No. 4975

P. O. Address DeLoe, Mo.

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.