. Health,
& Welfare
. Public
h Service

S. 1300
v. 1-56

FILED NOV 15 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38480
STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 2612

1. PLACE OF DEATH
a. COUNTY St Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN CLAYTON — Inside Limits Yes X No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) St Louis Co. Hosp — Length of stay in 1b 3 wks

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission).
a. STATE MISSOURI b. COUNTY St Louis
c. CITY OR TOWN Wellston 4280 — Inside Limits Yes X No ☐
d. STREET ADDRESS (If outside, give location) 9474 St CHARLES — Reside on Farm Yes X No ☐

3. NAME OF DECEASED (Type or print) First Edna Middle Last Nolan
4. DATE OF DEATH Month Day Year 10-20-1957
5. SEX F
6. COLOR OR RACE W
7. MARRIED X NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH JUNE 30 1896
9. AGE (In years last birthday) 61
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) NURSE
10b. KIND OF BUSINESS OR INDUSTRY NURSING
11. BIRTHPLACE (City and state or country) OKLAHOMA - STATE
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Unknown
14. MOTHER'S MAIDEN NAME Unknown
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. unknown
17. INFORMANT Joseph L. Nolan Address 7474 St Charles Rock Rd.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Pulmonary edema
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Carcinomatosis (rectal)
DUE TO (c) 154X
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 1
INTERVAL BETWEEN ONSET AND DEATH
19. WAS AUTOPSY PERFORMED? YES X NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from 9-30-1957 to 10-20-1957 and last saw her/him alive on 10-20-1957
Death occurred at 8:40 p m on the date stated above; and to the best of my knowledge, from the causes stated.
22a. SIGNATURE Robert J Sutter (Degree or title) M.D.
22b. ADDRESS 601 S. Brentwood, Clayton Mo.
22c. DATE SIGNED 10/22/57

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 10/23/57
23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cem
23d. LOCATION (City, town, or county) (State) St Louis County, MO
24. FUNERAL DIRECTOR Stroot-Carroll ADDRESS 4600 Natl Bridge
25. DATE RECD. BY LOCAL REG. 10-22-57
26. REGISTRAR'S SIGNATURE Herbert R Dankel M.D.

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed M W Rueter

Licensed Embalmer No. 48

P. O. Address St Lou

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.