No. 2
-4-13-40
5-17-39
PI X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILLED AUG 8 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 26165

Registration District No. 784 Primary Registration District No. 111 Registrar's No. 1619

96
8
3

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town 20 Sussex Brentwood
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Marys Hospital. O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri. (b) County 96
(c) City or town Brentwood Mo. 9
(If outside city or town limits, write "RURAL")
(d) Street No. 20 Sussex Street. 1
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 1 years.

3. (a) PRINT FULL NAME Judy M. Dolan
3. (b) If veteran, name war
3. (c) Social Security No. None
4. Sex Female 1
5. Color or race White
6. (a) Single, widowed, married, divorced Single O
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased November (Month) 19th. (Day) 1940. (Year)
8. AGE: Years 0 Months 8 Days 12 If less than one day hr. min.
9. Birthplace Saint Louis, (City, town, or county) O Missouri. (State or foreign country)
10. Usual occupation At home
11. Industry or business
MOTHER FATHER
12. Name John Dolan
13. Birthplace Saint Louis, (City, town, or county) O Missouri. (State or foreign country)
14. Maiden name Marie Cummins,
15. Birthplace Saint Louis, (City, town, or county) O Missouri. (State or foreign country)
16. (a) Informant John T. Dolan
(b) Address 20 Sussex Brentwood Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 2, 1941. (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director Ziegenhein Bros
(b) Address 2623 Cherokee Street.
19. (a) AUG 1 - 1941 (Date received local registrar) (b) E. G. McGarran M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 1st. year 1941. hour 3 minute 30 A. M.
21. I hereby certify that I attended the deceased from July 31, 1941, to Aug 1, 1941; that I last saw her alive on Aug 1, 1941 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Acute Oxylitis	5 day
Due to Tonsilitis	3 day.
Due to 1330	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy Yes.
Findings not reported so far.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury O
23. Signature J. W. Macdonald (M. D. or other) MD
Address 5139 N. Grand Date signed 8-1-41

(Licensed Embalmer's Statement on Reverse Side)

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Juddie A. Ziegenheim

Licensed Embalmer No. 2270

P. O. Address 2623 Chuoke

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 this body is not embalmed, fact should be so stated above.