

FILED NOV 22 1944 318

Registration District No.

Primary Registration District No.

100

Registrar's No.

9620

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
5146 A Minerva Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 54 Years
years, months or days)

3. (a) PRINT FULL NAME Ellen Dolan

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife James Dolan 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Feb. 9 1871
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
73 9 2 hr. min.

9. Birthplace Ireland 4
(City, town, or county) (State or foreign country)

10. Usual occupation At HOME

11. Industry or business _____

12. Name John McCarthy

13. Birthplace Ireland 4
(City, town, or county) (State or foreign country)

14. Maiden name Catherine Higgins

15. Birthplace Ireland 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Fred Bova

(b) Address 5146 A. Minerva Ave.

17. (a) Burial (b) Date thereof 11-14-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Ellen J. Dowd

(b) Address 3840 Lindell Blvd

19. (a) NOV 13 1944 (b) J. F. Brodeur
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5146 A. Minerva Ave
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV. day 11
year 1944 hour 3 minute A. M.

21. I hereby certify that I attended the deceased from Oct 10 1943 to Nov 11 1944
that I last saw h. or alive on Nov 10 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis
Chronic Myocarditis

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(c) 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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Frank J. Stamps (M. D. or other)

Address 3924 S. Grand St. St. Louis 18 Date signed 11/11/44

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

MOTHER FATHER

Duration

?

?

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 Stanley Marshall
Licensed Embalmer No. 2868
P. O. Address 3840 Lindell

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.