V. S. No. 2
OM—8-43
ev. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 27 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 34575

Registration District No. 317 Primary Registration District No. 3069 Registrar's No. 2437

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Richmond Heights
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Mary's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 Days (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 2708a Sulphur Ave 9
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Stella C. Dolan

3. (b) If veteran, name war
3. (c) Social Security No. None

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Edward
6. (c) Age of husband or wife if alive 33 years
7. Birth date of deceased January (Month) 4 (Day) 1916 (Year)

8. AGE:

Years	Months	Days	If less than one day
29	9	15	hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Housewife
11. Industry or business At Home

FATHER
12. Name John R. O'Toole
13. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Kathryn McNeill
15. Birthplace Rolla (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Edward Dolan Husband
(b) Address 2708a Sulphur Ave
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct (Month) 22 (Day) 1945 (Year)
(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director Peetz Bros
(b) Address 3029 Lafayette Ave
19. (a) 10-23-45 (Date received local registrar) (b) E. G. McGanan M.D. (Registrar's signature) MSG

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month October day 19
year 1945 hour 9:35 minute A M.

21. I hereby certify that I attended the deceased from 10-17-, 1945, to 10-19-, 1945
that I last saw her alive on 10-19-, 1945;
and that death occurred on the date and hour stated above.

Immediate cause of death Intestinal obstruction and peritonitis. Duration 5 days.

Due to Old appendix adhesions

Due to 122b2

Other conditions Normal delivery of baby - 10-13-45.
(Include pregnancy within 3 months of death)

Major findings: Of operations Partial obstruction of ileum & caecum, perforated cecum, peritonitis
Of autopsy Operated 10-18-45

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

23. Signature Charles F. Sherwin (M. D. or other)
Address 3720 Washington Date signed 10/20/45

707

(Licensed Embalmer's Statement on Reverse Side)

JAN 8 1948

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 Frank L Owens

Licensed Embalmer No. 2245

P. O. Address St Louis 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 this body is not embalmed, fact should be so stated above.