No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 14026

FILED MAY 7 1948

Registration District No. 1948

Primary Registration District No. 1003

Registrar's No. 4005

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 3528 Henrietta
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 3528 Henrietta
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME EUGENE F. DOLAN

3. (b) If veteran, name war no

3. (c) Social Security No.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Emily

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased December (Month) 12 (Day) 1885 (Year)

8. AGE:

Years	Months	Days	If less than one day
62	4	14	hr. min.

9. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Clerk

11. Industry or business St. Louis Post-Dispatch

FATHER
12. Name Owen Dolan
13. Birthplace Ireland
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Bridget O'Brien
15. Birthplace Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant Emily Dolan
(b) Address 3528 Henrietta

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 29-48 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Peet Funeral Home, Inc.
(b) Address 3029 Lafayette Ave.

19. (a) APR 26 1948 (Date received local registrar) (b) J. A. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 26
year 1948 hour 3 minute 30 P. M.

21. I hereby certify that I attended the deceased from Sept 10, 1947, to April 26, 1948
that I last saw him alive on April 26, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary occlusion	12 hrs.
Due to: arteriosclerosis	5 yrs.
Due to:	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN

Underline the cause of 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 Edward H. Hamtel (M. D. ~~or other~~)

Address 1504 So Grand Date signed 4/27/48

Jefferson City Printing Co.

(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 David Van Fossan

Licensed Embalmer No. 4242

P. O. Address 3029 Lafayette Ave.

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.