

FILED JUL 14 1948

Registration District No. 317

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 21632

Primary Registration District No. 3065

Registrar's No. 1631

1. PLACE OF DEATH:

(a) County St. Louis
 (b) City or town Bluedale
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
415 N. Sappington Road!
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community 9 years
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Louis 96
 (c) City or town Bluedale 11
 (If outside city or town limits, write "RURAL")
 (d) Street No. 415 N. Sappington Road!
 (If rural, give location)
 (e) Citizen of foreign country? no (Yes or No) 0
 If yes, name country _____

3: (a) PRINT FULL NAME John Deryl Dolson

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

4. Sex M 5. Color or race N 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Violet Keger Dolson 6. (c) Age of husband or wife if alive 48 years
 7. Birth date of deceased 2 74 1900
 (Month) (Day) (Year)

8. AGE: Years 48 Months 4 Days 7 If less than one day _____ hr. _____ min.

9. Birthplace Revere Kansas
 (City, town, or county) (State or foreign country)

10. Usual occupation Railway Mail Clerk

11. Industry or business _____

12. Name John W. Dolson

13. Birthplace Unknown Ohio
 (City, town, or county) (State or foreign country)

14. Maiden name Lillian Parker

15. Birthplace Unknown Ohio
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Violet Dolson

(b) Address 415 N Sappington Road

17. (a) Revered (b) Date thereof 7 3 '48
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Elizabeths Burial Home

18. (a) Signature of funeral director Webster Gove 19 Mo

(b) Address _____

19. (a) 7-3-48 (b) Carl A. Sappington
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 1
 year 1948 hour 2 minute 15 P M.

21. I hereby certify that I attended the deceased from 6-17, 1948, to 7-1, 1948,
 that I last saw him alive on 7-1, 1948,
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion

Due to 940

Due to _____
 Other conditions (Include pregnancy within 3 months of death) _____

Major findings:
 Of operations _____
 Of autopsy _____

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? _____

While at work? _____ (Specify type of place)
 (e) Means of injury 0

23. Signature Royal C. The Lion M.D. (M. D. or other)
 Address Kirkwood Mo. Date signed 7-1-48

MOTHER FATHER

JAN 22 1957

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 Gustav W. Reeter

Licensed Embalmer No. 4329

P. O. Address. St. Louis

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.