

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

FILED OCT 30 1948

1003

9149

Registration District No. 318

Primary Registration District No.

Registrar's No.

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.....
5907 Julian Avenue, 1
(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)

3. (a) PRINT FULL NAME..... **EHRMINE LUCRETIA DOLBEAR**

3. (b) If veteran, name war..... **None**

3. (c) Social Security No. **None**

4. Sex..... **Female**

5. Color or race..... **White**

6. (a) Single, widowed, married, divorced..... **Divorced**

6. (b) Name of husband or wife..... **Samuel H. Dolbear**

6. (c) Age of husband or wife if alive..... **61** years

7. Birth date of deceased..... **December 6, 1881**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
66	10	14	hr. min.

9. Birthplace..... **Illinois 1**
(City, town, or county) (State or foreign country)

10. Usual occupation..... **Retired**

11. Industry or business.....

12. Name..... **George F. Adams**

13. Birthplace..... **Auburn Kentucky 1**
(City, town, or county) (State or foreign country)

14. Maiden name..... **Virginia E. Thompson**

15. Birthplace..... **Flemingsberg Kentucky 1**
(City, town, or county) (State or foreign country)

16. (a) Informant..... **Mrs. Virginia Palmer**

(b) Address..... **Teaneck New Jersey**

17. (a) Burial, cremation, or removal..... **Burial**

(b) Date thereof..... **Oct 23, 1948**
(Month) (Day) (Year)

(c) Place: burial or cremation..... **Minier Illinois**

18. (a) Signature of funeral director..... **Shepard Funeral Home**

(b) Address..... **1167 Hamilton Avenue**

19. (a) OCT 22 1948 (Date received local registrar)

(b) J. B. Lanster (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... **Missouri** (b) County..... **097**

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

(d) Street No. **5907 Julian Avenue**
5 (If rural, give location)

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

If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... **October** day..... **20, 1948**

year..... hour..... **4** minute..... **P** M.

21. I hereby certify that I attended the deceased from..... **10-18** 19**46** to..... **10-20** 19**46**

that I last saw her alive on..... **10-14** 19**46**

and that death occurred on the date and hour stated above.

Immediate cause of death.....
Coronary Occlusion myocardial infarct.

Due to..... **arteriosclerosis**

Other conditions..... (include pregnancy within 3 months of death) **PK**

Major findings:

Of operations.....

Of autopsy.....

Duration

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..... **J. H. Hayden** (M. D. or other) **MD**

Address..... **5899 Delmar** Date signed..... **10/22/48**

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 Elmo R. Cadwell

Licensed Embalmer No. 4077

P. O. Address.....

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.