

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

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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 2 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 38042

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 10217

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:
5364 Northland 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 10yrs.
years, months or days

3. (a) PRINT FULL NAME Richard Peter Dollard

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

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

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

7. Birth date of deceased March 29th. 1880
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>68</u>	<u>7</u>	<u>24</u>	hr. _____ min. _____

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

10. Usual occupation _____

11. Industry or business U.S. Govt

12. Name Richard Dollard

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

14. Maiden name Unknown

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

16. (a) Informant Edward Dollard

(b) Address 5364 Northland Ave.

17. (a) Burial (b) Date thereof 11/20/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemt

18. (a) Signature of funeral director Harrison & Sheahan Und Co

(b) Address 4415 Washington Blvd.

19. (a) NOV 24 1948 (b) J. B. Kasater
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Don 17

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

(d) Street No. 6 5364 Northland Ave.
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 23rd.
year 1948 hour 4 P.M. minute _____ M.

21. I hereby certify that I attended the deceased from Oct 27 1948 to Nov 23 1948
that I last saw him alive on Nov 23 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis

Duration 1 yr

Due to Arteriosclerosis 5 yr

Due to _____

Other conditions (Include pregnancy within 3 months of death) 9/2

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 _____

23. Signature J. E. Jones (M. D. or other) _____
Address 7500 Olive St Date signed Nov 24 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 me

....., Registered Apprentice No.

working under my personal supervision.

Signed

Is W Wilkinson

Licensed Embalmer No. 3575

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.