

FILED APR 27-1951

STANDARD CERTIFICATE OF DEATH

State File No. 13993  
3686

318

1003

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

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give town) <b>St. Louis,</b>		c. LENGTH OF STAY (in this place) <b>2 weeks</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis,</b>		2159	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Little Sister of the Poor</b>				d. STREET ADDRESS (If rural, give location) <b>3829 Meramec St.</b>			
3. NAME OF DECEASED (Type or Print) <b>ROSE</b>		b. (Middle) <b>M.</b>		c. (Last) <b>DOLDE</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>April 18, 1951</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>May 14, 1882</b>		9. AGE (In years last birthday) <b>68</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>At Home</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Milstadt, Illinois</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Jacob Krupp</b>		13b. MOTHER'S MAIDEN NAME <b>Josephine Englert</b>		14. NAME OF HUSBAND OR WIFE <b>Frank J. Dolde dec'd</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Isabelle Brumm 3829 Meramec St.</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>myocardial infarction</b>					INTERVAL BETWEEN ONSET AND DEATH <b>1 day</b>	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Coronary Sclerosis</b>					<b>yes</b>	
	DUE TO (c) <b>Generalized Arteriosclerosis</b>					<b>yes</b>	
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN OR TOWNSHIP) (COUNTY) (STATE) <b>St. Louis, Mo.</b>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>4/20/51</b>			
22. I hereby certify that I attended the deceased from <b>April 1, 1951</b> , to <b>April 18, 1951</b> , that I last saw the deceased alive on <b>4/18/51</b> , 19 <b>51</b> , and that death occurred at <b>2:00 a.m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>R.A. Meyer M.D.</b> (Degree or title)				23b. ADDRESS <b>539 N. Grand</b>		23c. DATE SIGNED <b>4/19/51</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>4/21/51</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Resurrection Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis, Missouri</b>		
DATE REC'D BY LOCAL REG. <b>APR 19 1951</b>		REGISTRAR'S SIGNATURE <b>J. B. Lusata</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Gebken-Benz Mortuary 2842 Meramec St. St. Louis, 18 Mo.</b>			

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

working under my personal supervision.

Student Embalmer No. ....

Signed Jac. B. Benz

Signed.....  
Student Embalmer

Licensed Embalmer No. 4249

P. O. Address 2842 Meramec St.  
St. Louis, 18 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.