

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

31422

State File No. ....

FILED OCT 10 1951

Registrar's No. 8499

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH  
a. COUNTY \_\_\_\_\_  
2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE Mo. b. COUNTY \_\_\_\_\_

b. CITY (If outside corporate limits, write RURAL and give township) c. LENGTH OF STAY (in this place)  
OR TOWN St. Louis  
3. NAME OF DECEASED a. (First) MARY b. (Middle) \_\_\_\_\_ c. (Last) DOLAN  
4. DATE OF DEATH (Month) (Day) (Year)  
Sep. 24 1951

d. FULL NAME OF HOSPITAL OR INSTITUTION 6556 Marmaduke Ave.  
d. STREET ADDRESS (If rural, give location)  
3 6556 Marmaduke Ave.

5. SEX Female 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single  
8. DATE OF BIRTH Feb. 6, 1862 9. AGE (In years last birthday) 89

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ass't. Dietician  
10b. KIND OF BUSINESS OR INDUSTRY Jewish Hospital  
11. BIRTHPLACE (State or foreign country) St. Louis, Mo.  
12. CITIZEN OF WHAT COUNTRY? \_\_\_\_\_

13a. FATHER'S NAME Mathew Dolan 13b. MOTHER'S MAIDEN NAME Katherine Lennon  
14. NAME OF HUSBAND OR WIFE \_\_\_\_\_

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No  
16. SOCIAL SECURITY NO. None  
17. INFORMANT'S SIGNATURE OR NAME ADDRESS  
Miss Irene Hoffman 6556 Marmaduke

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, asphyxia, etc. It means the disease, injury, or complication which caused death.

**MEDICAL CERTIFICATION**  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Coronary Thrombosis  
INTERVAL BETWEEN ONSET AND DEATH one day  
ANTECEDENT CAUSES  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (b) Atherosclerosis  
DUE TO (c) Hypertension  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death.  
Indolent Indolent

19a. DATE OF OPERATION \_\_\_\_\_  
19b. MAJOR FINDINGS OF OPERATION \_\_\_\_\_  
20. AUTOPSY?  
YES  NO

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)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) \_\_\_\_\_  
21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE WORK   
21f. HOW DID INJURY OCCUR \_\_\_\_\_

22. I hereby certify that I attended the deceased from Dec 20, 1950, to Sep 24, 1951, that I last saw the deceased alive on 9-24-51, 1951, and that death occurred at 6:22 P m., from the causes and on the date stated above.

23a. SIGNATURE \_\_\_\_\_ (Degree or title) \_\_\_\_\_  
23b. ADDRESS 3175 Doanville St. St. Louis, Mo.  
23c. DATE SIGNED 9-25-51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial  
24b. DATE Sep. 27, 1951  
24c. NAME OF CEMETERY OR CREMATORY Galvary Cemetery  
24d. LOCATION (City, town, or county) (State) St. Louis, Mo.

DATE REC'D BY LOCAL REG. SEP 25 1951  
REGISTRAR'S SIGNATURE J. Carl Smith M.D.  
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS  
Kriegshauser 4228 S. Kingshighway Bl.

mrs (Licensed Embalmer's Statement on Reverse Side)

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

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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....

*William B. White*

Signed.....

Student Embalmer.

Licensed Embalmer No. *4291*

P. O. Address *4228 S. Kings Highway*

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.