

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

38916

FILED DEC 15 1951

State File No. 10860  
Registrar's No. 10860

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 Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	c. LENGTH OF STAY (In this place) 7 weeks	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City 3008	
d. FULL NAME OF HOSPITAL OR INSTITUTION Alexin Bros. Hospital		d. STREET ADDRESS (If rural, give location) Rockhurst Collage	

3. NAME OF DECEASED (Type or Print) REV., PATRICK DOLAN S.J.			4. DATE OF DEATH (Month) (Day) (Year) Dec. 7, 1951.					
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Aug. 25, 1871.	9. AGE (In years last birthday) 80	10. UNDER 1 YEAR Months	11. UNDER 1 YEAR Days	12. UNDER 1 YEAR Hours	13. UNDER 1 YEAR Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Catholic Priest		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Beaver, Iowa		12. CITIZEN OF WHAT COUNTRY? U.S.		

13a. FATHER'S NAME John Dolan	13b. MOTHER'S MAIDEN NAME Mary Daly	14. NAME OF HUSBAND OR WIFE
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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 Bro. E.J. Meier S.J.	ADDRESS 4511 W. Pine Bl
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Terminal Pneumonia		INTERVAL BETWEEN ONSET AND DEATH 1 day
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive Cardio Vascular Disease		
	DUE TO (c) Disease		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		Yrs.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 443X
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22. I hereby certify that I attended the deceased from 10-14-51, 1951, to 12-7-51, 1951, that I last saw the deceased alive on 12-6-51, 1951, and that death occurred at 1:30A. m., from the causes and on the date stated above.

23a. SIGNATURE Robert E. Britt	23b. ADDRESS Mo. Theatre Bldg.	23c. DATE SIGNED 12-7-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE Dec. 8, 1951.	24c. NAME OF CEMETERY OR CREMATORY Kansas City, Mo.	24d. LOCATION (City, town, or county) (State)
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DATE REC'D BY LOCAL REG. DEC 7 1951	REGISTRAR'S SIGNATURE Carl Smith	25. FUNERAL DIRECTOR'S SIGNATURE Jos. W. Clark	ADDRESS 1125 Hodiamont Ave.,
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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Dr. Robert E. Britt  
Mo. Thr. Bldg.  
NE. 5468..

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 Alfred J. Baedeker

Signed.....  
Student Embalmer

Licensed Embalmer No. 26633

P. O. Address 1125 Hodiament Ave.

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.