

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **44168**
11116
Registrar's No.

FILED DEC 16 1953

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 ST. LOUIS			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN Lemay 4870 d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Mo. Pacific Hosp		e. STREET ADDRESS (If rural, give location) 902 Wachtel			
3. NAME OF DECEASED (Type or Print) a. (First) George b. (Middle) Joseph c. (Last) Dolson			4. DATE OF DEATH (Month) (Day) (Year) 11 21 53		
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 3.8.1893	9. AGE (In years last birthday) 60	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if past) Switchman Tar R.R.		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo	
12. CITIZEN OF WHAT COUNTRY? Yes		13a. FATHER'S NAME Edward Dolson		13b. MOTHER'S MAIDEN NAME Nellie McCarthy	
14. NAME OF HUSBAND OR WIFE May Dolson		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) World War I		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME May Dolson		ADDRESS 902 Wachtel Lemay		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) Ca of pancreas & metastases	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" 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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 157X	
22. I hereby certify that I attended the deceased from October 21, 1953 , to November 21, 1953 , that I last saw the deceased alive on November 21, 1953 , and that death occurred at 8:30 A. M. , from the causes and on the date stated above.					
23a. SIGNATURE Carl Smith (Degree or title) MD		23b. ADDRESS N. Pa. Loop		23c. DATE SIGNED 11-21	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 11-24-53		24c. NAME OF CEMETERY OR CREMATORY National Cemetery	
24d. LOCATION (City, town, or county) (State) Jefferson Barracks, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE Southern Funeral Home		ADDRESS 6322 S. Grand Blvd	
DATE REC'D BY LOCAL REG. NOV 23 1953		REGISTRAR'S SIGNATURE Carl Smith MD		26. (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, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
David T. Johnson

Licensed Embalmer No. *4242*

P. O. Address *6342 So. 1st*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.