

Health, Welfare  
Public Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-007845  
STATE FILE NUMBER

FILED MAR 9 1959 Registration District No. 317 Primary Registration District No. 541 Registrar's No. 542

300  
-57

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clayton		c. CITY OR TOWN Pine Lawn 415 1/2	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis Co. Hosp.		d. STREET ADDRESS (If outside, give location) 3709 Manola	
Length of stay in 1b 29 days		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First MELLIE Middle Last DOLAN			4. DATE OF DEATH Month Day Year Feb. 23, 1959		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 1-25-1880		9. AGE (In years) 79 (birthday)
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME		10b. KIND OF BUSINESS OR INDUSTRY AT HOME		11. BIRTHPLACE (City and state or country) Wisconsin	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME Charles H. Eldredge		13b. MOTHER'S MAIDEN NAME Henrietta Dayton		14. NAME OF HUSBAND OR WIFE MICHAEL DOLAN Address 601 BRENT WOOD	
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. UNKNOWN		17. INFORMANT ST. LOUIS'S C. HOSPITAL	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)			INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiac Insufficiency.			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Arteriolar nephrosclerosis with uremia		
	DUE TO (c) Generalized Arteriosclerosis		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 442X		
20c. TIME OF INJURY Hour Month, Day, Year p.m.					

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
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21. I attended the deceased from 1-25-59 to 2-23-59 and last saw her alive on 2-23-59  
Death occurred at 12:35 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Angelo A. Speno M.D.		22b. ADDRESS 601 S. Brentwood, Clayton 5, Mo.		22c. DATE SIGNED 2/27/59	
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 2-27-59		23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery		23d. LOCATION (City, town, or county) (State) Lillian & Lucas Hunt Rd.	
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24. FUNERAL DIRECTOR Collier's Funderal Home - Charles Rd.		ADDRESS 10123 St.		25. DATE RECD. BY LOCAL REG. 2-27-59		26. REGISTRAR'S SIGNATURE John C. Murphy M.D.	
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

MEDICAL CERTIFICATION

VS  
DEC 7  
1959

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 *Sheldon Collier* .....

Licensed Embalmer No. *7782* .....

P. O. Address *S. J. Am. No.*

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.