URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS FEB 23 1960

-60-007593

STATE FILE NUMBER

Registration District No. 276 Primary Registration District No. 4410 Registrar's No. 9

NDED

1. PLACE OF DEATH
a. COUNTY Phelps
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. James — Length of stay in 1b
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Soldiers Home Hospital — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Phelps
c. CITY OR TOWN St. James — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 620 N. Jefferson — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Daniel Middle J. Last Dolan

4. DATE OF DEATH Month Feb Day 16, Year 1960

5. SEX Male

6. COLOR OR RACE White

7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐

8. DATE OF BIRTH Sept 24 1869

9. AGE (last birthday) 90 — IF UNDER 1 YEAR Months 4 Days 22 — IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unknown

10b. KIND OF BUSINESS OR INDUSTRY unknown

11. BIRTHPLACE (City and state or country) St. Louis, Missouri

12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Unknown

13b. MOTHER'S MAIDEN NAME unknown

14. NAME OF HUSBAND OR WIFE none

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) Spanish Am.

16. SOCIAL SECURITY NO. unknown

17. INFORMANT Address Soldiers Home Records

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH Sudden

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Arteriosclerosis

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from June 16-1953 to Feb 16-60 and last saw her/him alive on Feb 16-1960

Death occurred at 3 P.m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) J. A. Grosskreutz MD.

22b. ADDRESS St. James, MO

22c. DATE SIGNED 2-19-60

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE Feb 18, 1960

23c. NAME OF CEMETERY OR CREMATORY Soldiers Home Cem

23d. LOCATION (City, town, or county) (State) St. James, Mo.

24. FUNERAL DIRECTOR Jesse Gahr ADDRESS 200 S. Meramec St. James, Mo.

25. DATE RECD. BY LOCAL REG. 2-19-60

26. REGISTRAR'S SIGNATURE Ruth B. Powell

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

MAR

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed C. Jesse Gaha

Signature of Student Embalmer

Lice mbalmer No 4486

P. O. Address H. Jam

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co 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.