

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

6053 = 63-021497  
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. \_\_\_\_\_

FILED JUN 13 1963

VS 300  
Rev. 4/59

1 13

2 219

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13 63

DATE AMENDED 6-26-63  
INSTEAD OF  
AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
ITEM NO. 3 SHOULD READ  
BY AFFIDAVIT OF CONFIRMATION

Charles P. Dolan  
Charles J. Dolan  
Board of Bd. of Election Comm. City of St. Louis, dated 11-29-1937

1. PLACE OF DEATH a. COUNTY		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN		Length of stay in 1b		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)		a. STATE		Missouri COUNTY		c. CITY OR TOWN		St. Louis		Inside Limits		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Incarinate Word Hospital		Inside Limits		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS		4200 West Pine		(If outside, give location)		Reside on Farm		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					
3. NAME OF DECEASED (Type or print)			First CHARLES			Middle J.			Last DOLAN			4. DATE OF DEATH		Month June		Day 8		Year 1963			
5. SEX		male		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		8/18/1881		9. AGE (last birthday)		81		IF UNDER 1 YEAR		IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		Lawyer		10b. KIND OF BUSINESS OR INDUSTRY		Law		11. BIRTHPLACE (City and state or country)		Ireland		12. CITIZEN OF WHAT COUNTRY		U. S. A.							
13a. FATHER'S NAME				13b. MOTHER'S MAIDEN NAME				14. NAME OF HUSBAND OR WIFE													
John Dolan				Bridgett Fitzpatrick				Gladys Dolan													
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of)				16. SOCIAL SECURITY NO.				17. INFORMANT				Address									
no				516				Gladys Dolan 4200 West Pine													
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)																					
PART I. DEATH WAS CAUSED BY:																					
IMMEDIATE CAUSE (a) ACUTE CONGESTIVE FAILURE LWK																					
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.																					
DUE TO (b) ARTERIO SCLEROTIC HEART DISEASE 6yrs																					
DUE TO (c) ARTERIO SCLEROSIS ?																					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e)												PART III. If deceased was female was there a pregnancy in last 90 days.									
420.0												<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown									
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		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		Month, Day, Year																	
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									
21. I attended the deceased from 1957 to 6/7/63 and last saw her live on 6-7-63. Death occurred at 6:30 AM on the date stated above, and to the best of my knowledge, from the causes stated.																					
22a. SIGNATURE (Degree or title)												22b. ADDRESS				22c. DATE SIGNED					
D. Michael M.D.												812 Olive				6/8/63					
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY				23d. LOCATION (City, town, or county)													
burial		6/10/63		Bellefontaine Cemetery				St. Louis Missouri													
24. FUNERAL DIRECTOR ADDRESS						25. DATE RECD. BY LOCAL REG.		26. REGISTRAR'S SIGNATURE													
Lupton Chapel, Inc 7233 Delma r Blvd						JUN 8 1963		Loan Smith M.D.													

USE BLACK INK OR TYPEWRITER RIBBON

MEDICAL CERTIFICATION

**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 Arnold W. Schoen

Licensed Embalmer No. 3864

P. O. Address St. Louis, Mo.

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. Initial  
If this body is not embalmed, fact should be so stated above.