

No. 2
-1-4-41
5-17-39

X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 28 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

23940

State File No. _____

Registration District No. 791

Primary Registration District No. _____

Registrar's No. 6282

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
En Route to City Hospital #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 (Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State New York (b) County _____
(c) City or town Astoria
(If outside city or town limits, write "RURAL")
(d) Street No. 3282 42nd Street
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME George F. Dolan

3. (b) If veteran, name war _____ 3. (c) Social Security No. 127-12-6865

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Laura Dolan 6. (c) Age of husband or wife if alive 31 years

7. Birth date of deceased March 23 1885
(Month) (Day) (Year)

8. AGE: Years 56 Months 4 Days 7 If less than one day hr. _____ min.

9. Birthplace Springfield Mass (City, town, or county) (State or foreign country) 1

10. Usual occupation Steam Fitter

11. Industry or business Frazier-Brace Engineering Co

12. Name Unknown

13. Birthplace Unknown (City, town, or county) (State or foreign country) 9

14. Maiden name Unknown

15. Birthplace Unknown (City, town, or county) (State or foreign country) 9

16. (a) Informant Thomas F. Callanan

(b) Address Coroners Office

17. (a) Removal (b) Date thereof July 31 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Astoria New York

18. (a) Signature of funeral director Petz Brothers

(b) Address 3029 Lafayette Ave

19. (a) JUL 31 1941 (b) [Signature]
(Date received local registrar) (Registrar's signature)

~~Physician in Attendance~~ MEDICAL CERTIFICATION
No Physician in Attendance

20. DATE OF DEATH: Month 30th day July
year 1941 hour 2 minute 20 P.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death Acute Alcoholism Duration _____

Due to _____

Due to 77C

Other conditions _____ (Include pregnancy within 3 months of death)

Major findings: Of operations [Signature]

Of autopsy _____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (c) Means of injury _____

23. Signature Thomas F. Callanan (M. D. or other) 3

Address Deputy Coroner Date signed 8/1/41

WRITE PLAINLY—USE 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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed *Frank J. Owen*

Licensed Embalmer No. *2245*

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