No. 2
-1-4-41
5-17-39
X26390

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 28 1941

Registration District No. 984

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 20

State File No. 36173

Registrar's No. 2133

1. PLACE OF DEATH:
(a) County: ST. LOUIS
(b) City or town: ST. LOUIS Lemay
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: MOUNT ST. ROSE HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 28 da (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State: MISSOURI (b) County: 000
(c) City or town: ST. LOUIS 17
(If outside city or town limits, write "RURAL")
(d) Street No. 3444 CONNECTICUT ST. 9
(If rural, give location)
(e) Citizen of foreign country? / (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: ELIZABETH DOLLUS
3. (b) If veteran, name war: NO
3. (c) Social Security No. NO
4. Sex: FEMALE
5. Color or race: WHITE
6. (a) Single, widowed, married, divorced: WIDOWED
6. (b) Name of husband or wife: HERMAN DOLLUS
6. (c) Age of husband or wife if alive years
7. Birth date of deceased: FEBRUARY 10 1875 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
66	8	9	hr. min.

9. Birthplace: ST. LOUIS (City, town, or county) MISSOURI (State or foreign country)
10. Usual occupation: HOUSEKEEPER
11. Industry or business: OWN
FATHER
12. Name: MATTHEWS SCHULER
13. Birthplace: GERMANY (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: EMILY SCHULTZ
15. Birthplace: GERMANY (City, town, or county) (State or foreign country)
16. (a) Informant: Mildred A Dollus
(b) Address: 3444 Connecticut St.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: Oct 22 1941 (Month) (Day) (Year)
(c) Place: burial or cremation: ST. MATTHEWS CEM
18. (a) Signature of funeral director: E. J. Lehmer
(b) Address: 3125 LAFAYETTE AV.
19. (a) OCT 21 1941 (Date received local registrar) (b) C. V. McGaron M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCT. 19 day year 1941 hour 4 minute 55 p. M.
21. I hereby certify that I attended the deceased from Sept 21 1941, to Oct 19 1941; that I last saw her alive on Oct 19 1941; and that death occurred on the date and hour stated above.

Immediate cause of death: Cancer Advanced Pulm TB
Due to: 1341
Due to:
Other conditions: Diabetes Mellitus
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

Duration

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

23. Signature: Andrew C. Hunke (M. D. or other)
Address: 317 Nat Bank Bldg Date signed 10-21-41

(Licensed Embalmer's Statement on Reverse Side)

MAY 5 1942

MAY 11 1942

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 Jos B Vollmer

Licensed Embalmer No. 4014

P. O. Address 3125 Lafayette Ave.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

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