

FILED FEB 24 1942

Registration District No. **791** Primary Registration District No. **1003**

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

1. PLACE OF DEATH:
(a) County **008**
(b) City or town **St. Louis, Missouri**
(c) Name of hospital or institution: **6717 Alabama Ave.**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County.....
(c) City or town **St. Louis,**
(If outside city or town limits, write "RURAL")
(d) Street No. **6717 Alabama Ave.**
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME **William P. Dolan**
3. (b) If veteran, name war **None**
3. (c) Social Security No. **494-01-0182**
4. Sex **Male** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Octavia Dolan**
6. (c) Age of husband or wife if alive **65** years
7. Birth date of deceased **November 25, 1882**
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH, Month **January** day **2nd**,
year **1942** hour **6a.m.** minute **M.**
21. I hereby certify that I attended the deceased from **Nov - 1**
19**41** to **Jan. 2** 19**42**
that I last saw him alive on **Jan. 1** 19**42**
and that death occurred on the date and hour stated above.

8. AGE: Years **69** Months **1** Days **7** If less than one day
hr. min.
9. Birthplace **Missouri**
(City, town, or county) (State or foreign country)
10. Usual occupation **Retired 3 Yrs. Conductor**
Public Service Co.
11. Industry or business.....
12. Name **Unknown**
13. Birthplace **Unknown**
(City, town, or county) (State or foreign country)
14. Maiden name **Unknown**
15. Birthplace **Unknown**
(City, town, or county) (State or foreign country)
16. (a) Informant **Seargant William Dolan**
(b) Address **6717 Alabama Ave.**
17. (a) **Burial** (b) Date thereof **1-5-42**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Calvary**
SOUTHERN FUNERAL HOME
18. (a) Signature of funeral director **6322 S. Grand Blvd.**
(b) Address.....
19. (a) **JAN 2 1942** (b) **J. F. Budeck**
(Date received by registrar) (Registrar's signature)

Immediate cause of death **Heart Attack**
Due to.....
Due to.....
Other conditions (Include pregnancy within 3 months of death) **LI**
Major findings:
Of operations **59**
Of autopsy.....
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) (e) Means of injury.....
23. Signature **W. E. ...** (M. D. or other)
Address **6525 ...** Date signed **1/4/42**

Dr. C. W. Mc Bratney,

So. 6491

1.30 to 2 PM

6729 Virginia

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.....

Virgil L. Berryman

Licensed Embalmer No.....

4018

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.