

FILED **AUG 14 1942**  
**791**  
Registration District No. ....

Primary Registration District No. **1003**

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

**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:  
Josephine Hospital  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution.....  
(Specify whether)  
 In this community.....  
years, months or days

**3. (a) PRINT FULL NAME** Annie M. Dolan  
 3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female / 5. Color or race White 6. (a) Single, widowed, married, divorced, Widowed  
 6. (b) Name of husband or wife Timothy J. Dolan 6. (c) Age of husband or wife if alive..... years  
 7. Birth date of deceased Sept. 14th 1862  
(Month) (Day) (Year)

**8. AGE:** Years 79 Months 10 Days 18 If less than one day  
hr. min.

9. Birthplace St. Louis Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

**MOTHER FATHER** { 12. Name Unknown Steinmetz  
 13. Birthplace Alsace Lorraine  
(City, town, or county) (State or foreign country)  
 14. Maiden name Elizabeth Unknown  
 15. Birthplace Alsace Lorraine  
(City, town, or county) (State or foreign country)

16. (a) Informant Timothy B. Dolan  
 (b) Address 5313 Sutherland Ave.

17. (a) Burial (b) Date thereof 8-4-42  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Kriegshauser Mortuaries  
 (b) Address 4228 So. Kingshighway Blvd.

19. (a) AUG 3 1942 (b) J. F. Budeck  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Mo. (b) County 000  
 (c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 5313 Sutherland Ave.  
(If rural, give location)  
 (e) Citizen of foreign country?.....  
(Yes or No)  
 If yes, name country.....

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Aug. day 1st  
 year 1942 hour 10:50 minute P.M.  
 21. I hereby certify that I attended the deceased from Aug 1, 1942  
 ....., 19....., to ....., 19.....  
 that I last saw her..... alive on Aug 1, 19.....  
 and that death occurred on the date and hour stated above.

Immediate cause of death.....  
Chronic + acute myocarditis??  
Chronic nephritis  
 ?  
 Due to.....  
This patient has been under Dr. Budeck's care for some time and he transferred her care to me when he was out of town.

PHYSICIAN  
 Major findings:  
 Of operations.....  
 Of autopsy.....  
 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) (e) Means of injury  
 23. Signature John J. Flynn M.D. (M. D. or other)  
 Address 10715 So 3rd Date signed Aug 3, 1942

Mr. John D. Flynn  
1715 So. 39th St. 11-12

**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 Reinhold K. Lehmann

Licensed Embalmer No. 3395

P. O. Address.....

**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.**