

FILED MAY 6 1943 17

Primary Registration District No. 6076

Registrar's No. 971

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town _____
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Route #3 Box 446 Baden Sta.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether
years, months or days)

In this community Unknown

3. (a) PRINT FULL NAME Edward J. Dolan

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Widower

6. (b) Name of husband or wife Mary Dolan nee Burke

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased February 21, 1859
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>84</u>	<u>2</u>	<u>1</u>	hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER {

12. Name Dennis Dolan

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

14. Maiden name Unknown

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

16. (a) Informant Edward J. Dolan

(b) Address Route #3 Box 446 Baden Sta.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/26/43
(Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Math Hermann & Son

(b) Address 2161 East Fair Ave

19. (a) APR 23 1943 (Data received local registrar) (b) C. H. McQuinn (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town _____
(If outside city or town limits, write "RURAL")

(d) Street No. Route #3 Box 446 Baden Sta.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 22nd
year 1943 hour 11:00 AM minute _____

21. I hereby certify that I attended the deceased from 4/17/43
_____ 19____, to 4/22/43
_____ 19____;
that I last saw him _____ alive on 4/22/43 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Infarction
Chronic Hypertension
Due to Myocardial Regeneration

Duration 2 day
5 days
5 hrs

Due to _____

Other conditions Chronic Hypertension - side
(Include pregnancy within 3 months of death)

PHYSICIAN _____

Major findings:
Of operations _____
Of autopsy 131 F

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 B. J. Beagles (M. D. or other) _____
Address 1927 Madison Date signed 4/23/43

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.....

Licensed Embalmer No.....

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.