S. No. 2
OM—5-43
v. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 11064

FILED MAR 27 1946

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2599

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:
5069 Tholozan Ave
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 5069 Tholozan Ave
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

a00
14
17
9
0

3. (a) PRINT FULL NAME Mary Dolis

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 Single

6. (b) Name of husband or wife

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

7. Birth date of deceased Aug (Month) 28 (Day) 1860 (Year)

8. AGE: Years 85 Months 6 Days 18 If less than one day hr. min.

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

10. Usual occupation Housework

11. Industry or business At Home

FATHER
12. Name Joseph Dolis
13. Birthplace Alsace Lorraine (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Juliana Reagelsberger
15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant Mathilda Dolis
(b) Address 5069 Tholozan Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3 (Month) 19 (Day) 46 (Year)
(c) Place: burial or cremation Calvary Cemetery

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

19. (a) MAR 19 1946 (Date received for registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 16
year 1946 hour 6 AM minute M.

21. I hereby certify that I attended the deceased from 1-7-46, 19 to 3-16-46, 19
that I last saw her alive on 3-14-46, 19
and that death occurred on the date and hour stated above.

Immediate cause of death arteriosclerotic cardiovasc renal disease

Due to senility

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration
unknown

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 Wayne J. Sorla (M. D. ~~or other~~)
Address 3735 No Grand Date signed 3-18-46

(Licensed Embalmer's Statement on Reverse Side)

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

9976

SEP 9 1947

Dr. Wayne Gorla
Ne 1/12 90

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 Edwin D. Mc Dermot

Licensed Embalmer No. 3024

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.