No. 2
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 23 1948

Registration District No. .....

MISSOURI DIVISION OF HEALTH

# STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 34068

Registrar's No. 8850

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

1. PLACE OF DEATH:

(a) County .....

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: City Infirmary 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)

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. 809 North Grand Ave.
(If rural, give location)

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

If yes, name country .....

3. (a) PRINT FULL NAME ANNA DOLAN

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife .....

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

7. Birth date of deceased Nov. (Month) 9th. (Day) 1877 (Year)

8. AGE: Years 70 Months 11 Days 2 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 .....

FATHER
12. Name Frank Kelly
13. Birthplace Ireland (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Ireland (City, town, or county) (State or foreign country)

16. (a) Informant Robert Dolan
(b) Address 809 North Grand Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/14/48 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Sullivan Funeral Dir.
(b) Address 2849 North Euclid Ave.

19. (a) OCT 13 1948 (Date received local registrar) (b) J. B. Lasater (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 11 year 1948 hour 4 minute 30 P.M.

21. I hereby certify that I attended the deceased from Aug 31, 1948 to Oct 11, 1948 that I last saw her alive on Oct. 11, 1948; and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Heart Failure | |
| Due to Cerebral Thrombosis | |
| Generalized Arteriosclerosis | |
| Due to Arteriosclerotic Heart Disease | |
| Other conditions (Include pregnancy within 3 months of death) | |
| Major findings: Of operations | |
| Of autopsy as above | |

PHYSICIAN

Underline the cause of 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 Cletus L Krag, M.D. (M. D. or other)

Address 5600 Arsenal St, St Louis Date signed Oct 12, 1948

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

## 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 Robert L. Brinkman

Licensed Embalmer No. 3553

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.**