

FILED OCT 23 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34980

State File No. 8775

Registrar's No. 8775

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003	
1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY		
b. CITY (If outside corporate limits, write RURAL and give town) St. Louis, Missouri		c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) St. Louis		2049
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital #1			d. STREET ADDRESS (If rural, give location) 6454 a Wise Ave.		
3. NAME OF DECEASED (Type or Print) a. (First) ELLEN		b. (Middle)	c. (Last) DOLAN	4. DATE OF DEATH (Month) (Day) (Year) OCTOBER 3 1951	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 20, 1863	9. AGE (In years last birthday) 82	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Work		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) St. Louis Missouri		12. CITIZEN OF WHAT COUNTRY? USA.
13a. FATHER'S NAME Regan, PATRICK		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Patrick Regan DOLAN	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ann Humphreys 1530 Ferguson Ave.		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) Senile Psychosis, Agitated & Depressed			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) SENILE PSYCHOSIS, AGITATED & DEPRESSED		INTERVAL BETWEEN ONSET AND DEATH
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.			ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION 10-3-51		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 304X		
22. I hereby certify that I attended the deceased from 6-27-51 , 19__, to 10-3-51 , 19__, that I last saw the deceased alive on 10-3-51 , 19__, and that death occurred at 6:00A m. , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) Edwin A. Schmidt M.D.			23b. ADDRESS 1515 Lafayette Avenue		23c. DATE SIGNED 10-3-51
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Oct 5, 1951	24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis, Missouri		
DATE REC'D BY LOCAL REG. 10/4 1951		REGISTRAR'S SIGNATURE J. Paul Smith		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS MJ. Croghan 7146 Manchester Ave.	

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

CORRECT BY DATE

(Embalmed)

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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *Ronald O Yehrike*

Licensed Embalmer No. *3917*

P. O. Address *St Louis*

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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State File No. 34980
Local Registrar's No. 8775

State of..... }
County of..... } ss.

AFFIDAVIT FOR CORRECTION OF A RECORD

On this..... day of....., 194....., before me appears.....

....., who, upon..... oath, states that the original record of birth
for Ealen Dolan died 10-3-1951 ¹⁹⁵¹ ~~1950~~, 19....., in the State of
Missouri, and which was filed at..... on....., 19....., should be corrected as follows:

Item No. 13a should read Patrick Regan

Instead of..... Regan

Item No. 14 should read Patrick Dolan

Instead of..... Regan

Item No..... should read.....

Instead of.....

The above is true to the best of my knowledge, information and belief

(SEAL)

Affiant H. P. Coyle

Fun Dir
Relationship.

7146 Manchester

Present Address.

Subscribed and sworn to before me this 29 day of Oct., 1951

My Commission expires 3-4-53 Earl Daddow Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.