

DEPARTMENT OF PUBLIC HEALTH AND WELFARE **318** Primary Registration District No. **1003** Registrar's No. **8327** **-61-034228** STATE FILE NUMBER

AMENDED

**FILED SEP 18 1961**

1. PLACE OF DEATH  
 a. COUNTY \_\_\_\_\_  
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **St. Louis** Length of stay in lb **6 WKS.**  
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **Firmin DesLoge Hosp.** Inside Limits Yes  No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
 a. STATE **Mo.** b. COUNTY **St. Louis**  
 c. CITY OR TOWN **Richmond Hgts.** Inside Limits Yes  No   
 d. STREET ADDRESS (If outside, give location) **1112 Center Drive** Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First Middle Last 4. DATE OF DEATH Month Day Year  
**NELLIE M DOLAN** **Sept. 5th 1961**

5. SEX **Female** 6. COLOR OR RACE **White** 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH **6-16-1883** 9. AGE (last birthday) **78** IF UNDER 1 YEAR IF UNDER 24 HR  
 Months Days Hours Min. **2 21**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Secretary** 10b. KIND OF BUSINESS OR INDUSTRY **New York-New Haven R.R.** 11. BIRTHPLACE (City and state or country) **Boston, Mass.** 12. CITIZEN OF WHAT COUNTRY **U.S.A.**

13a. FATHER'S NAME **Thomas F. Dolan** 13b. MOTHER'S MAIDEN NAME **Nellie Fay** 14. NAME OF HUSBAND OR WIFE \_\_\_\_\_

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **No** 16. SOCIAL SECURITY NO. **R.R. Retirement** 17. INFORMANT **Mrs. Paul Ring** Address **1112 Denter Dr.**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  
 PART I. DEATH WAS CAUSED BY:  
 IMMEDIATE CAUSE (a) **Generalized Arteriosclerosis**  
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) \_\_\_\_\_ DUE TO (c) **450.0**

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) \_\_\_\_\_ PART III. If deceased was female was there a pregnancy in last 90 days.  Yes  No  Unknown

19. WAS AUTOPSY PERFORMED? YES  NO  20a. ACCIDENT  SUICIDE  HOMICIDE  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) \_\_\_\_\_

20c. TIME OF INJURY Hour Month, Day, Year  
 a.m. p.m. \_\_\_\_\_

20d. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) \_\_\_\_\_ 20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from **7/24/61** to **9/5/61** and last saw her/him alive on **9/4/61**  
 Death occurred at **9:00 pm on 9/5/61** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree of title) **Paul B. Smith M.D.** 22b. ADDRESS **100 N. 5th St** 22c. DATE SIGNED **Sept 7, 61**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 23b. DATE **Sept. 8, 1961** 23c. NAME OF CEMETERY OR CREMATORY **Calvary Cemetery** 23d. LOCATION (City, town, or county) (State) **St. Louis, Mo.**

24. FUNERAL DIRECTOR **A. H. BOCKLAGE** ADDRESS **6536 Clayton Rd.** 25. DATE RECD. BY LOCAL REG. **SEP 7 1961** 26. REGISTRAR'S SIGNATURE **Paul Smith, M.D.**

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

SHOULD READ

BY AFFIDAVIT OF

ITEM NO.

**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 \_\_\_\_\_  
Signature of Student Embalmer

Signed

*John J. Haines*

Licensed Embalmer No. 4608

P. O. Address St Louis Mo

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.