WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

10004-11-24-33

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

OCT 11 1934

Do not use this space.

34515

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St Louis (No. ....., Sanitarium St. ..... Ward)

File No. .....

Registered No. 9320

2. FULL NAME August Dooley

(a) Residence, No. 3678 Finney Ave St., 11 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 67 yrs. 10 mos. 30 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male

4. COLOR OR RACE: white

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) ~~WIFE OF~~: Marie Dooley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct. 21, 1866

7. AGE: YEARS 67 | MONTHS 10 | DAYS 30 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Detective

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Metropolitan Force

10. Date deceased last worked at this occupation (month and year) About 1912

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St Louis Missouri

FATHER

13. NAME: Thomas Dooley

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Ireland

MOTHER

15. MAIDEN NAME: Margaret Wellest

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Ireland

17. INFORMANT (ADDRESS): Orr Mullinax 5400 Arsenal

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary DATE Sept 22 1934

19. UNDERTAKER (ADDRESS): Thos J Finan 1519 S Grand

20. FILED SEP 22 1934 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 9-20, 1934

22. I HEREBY CERTIFY, That I attended deceased from 10-16, 1929, to 9-20, 1934

I last saw him alive on 9-20, 1934 Death is said to have occurred on the date stated above, at 11:20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
131	
B2A 131	
97	
Pulmonary edema	9-19-34

Other contributory causes of importance:

Chronic Interstitial Nephritis	10-16-29+
Generalized Arteriosclerosis	10-16-29+
Old Cerebral Hemorrhage	10-16-29+

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Orr Mullinax, M. D.

(Address) 5400 Arsenal.