

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.

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

Do not use this space.

DEC 1 3 1934

1. PLACE OF DEATH

County
Township
City *St. Louis Mo.* (No. *3139 St. Vincent Av.*)

Registration District No. *791*
Primary Registration District No. *1002*

File No. *41299*
Registered No. *11284*
St. Ward)

2. FULL NAME

Caroline A. Doyle

(a) Residence, No. *3139 St. Vincent Av.* St. *17* Ward.

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>female</i>	4. COLOR OR RACE <i>white</i>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <i>married</i>	
5A. IF MARRIED, WIDOWED, OR DIVORCED--HUSBAND OF (OR) WIFE OF <i>Frank H. Doyle</i>			
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>March 12-1865</i>			
7. AGE	YEARS <i>69</i>	MONTHS <i>8</i>	DAYS <i>14</i>
If LESS than 1 day, hrs. or min.			
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Housewife</i>		
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>"</i>		
	10. Date deceased last worked at this occupation (month and year).....		
11. Total time (years) spent in this occupation.....			
12. BIRTHPLACE (CITY OR TOWN)..... (STATE OR COUNTRY) <i>Pacific Missouri</i>			
FATHER	13. NAME <i>Gustave Eckstorm</i>		
	14. BIRTHPLACE (CITY OR TOWN)..... (STATE OR COUNTRY) <i>Germany</i>		
MOTHER	15. MAIDEN NAME <i>Elizabth Unknown</i>		
	16. BIRTHPLACE (CITY OR TOWN)..... (STATE OR COUNTRY) <i>Germany</i>		
17. INFORMANT <i>Mr. Frank H. Doyle</i> (ADDRESS) <i>3139 St. Vincent Av.</i>			
18. BURIAL, CREMATION, OR REMOVAL City <i>Pacific Mo.</i> PLACE DATE <i>Nov 28 1934</i>			
19. UNDERTAKER <i>E. J. Schuur</i> (ADDRESS) <i>2125 Lafayette Av.</i>			
20. FILED <i>27 1934</i> 19 <i>J. J. Bredeck</i> Registrar.			

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Nov. 26 1934*

22. I HEREBY CERTIFY, That I attended deceased from *Aug. 24 1934* to *Nov. 26 1934*

I last saw *her* alive on *Nov. 26 1934* Death is said to have occurred on the date stated above, at *12:30 pm.*

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

Chronic Myocarditis
93C
126

Other contributory causes of importance:
Cholelithiasis

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

What test confirmed diagnosis?..... Was there an autopsy? *No*

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? *NO*
If so, specify.....
(Signed) *E. M. Gillman*, M. D.
(Address) *3012 Lafayette*

