REC'D JUN 9 1938

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

16252
Do not use this space.

791
1003
4113

1. PLACE OF DEATH
(a) County ..... Registration District No. .....
(b) Township ..... Primary Registration District No. ..... Registered No. .....
(c) City St. Louis (d) Street No. Deaconess Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Fred W. Doyle 400
(a) Residence, No. 6556 Scanlan Ave St. 3
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE OF~~ Esther May Doyle

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 31, 1876

7. AGE: 62 YEARS | MONTHS: 1 | DAYS: 2 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. elevator builder
9. Industry or business in which work was done, as saw mill, bank, etc. .....
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) Sedalia, Missouri 0

FATHER
13. NAME Stephen Doyle 5
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland 6

MOTHER
15. MAIDEN NAME Caroline Beck
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Jessie Rae Doyle
6556 Scanlan Avenue

18. BURIAL, CREMATION, OR REMOVAL
PLACE Valhalla Cemetery DATE May 4, 1938

19. FUNERAL DIRECTOR (ADDRESS) Robert J. Ambruster
6633 Clayton Road

20. FILED MAY - 4 1938 J. P. Bredeck
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 2, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 28, 1938, to May 2, 1938
I last saw him alive on May 2, 1938. 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:

Uremic poison

Date of onset

Other contributory causes of importance:
Carcinoma Liver

Name of operation None Date of .....
What test confirmed diagnosis? Clinical 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? .....
If so, specify .....
(Signed) P. B. Cappel M.D., M. D.
(Address) 3239 Ivanhoe Ave

(Licensed Embalmer's Statement on Reverse Side)

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.

STATEMENT BY LICENSED EMBALMER

I, ROBERT J. AMBRUSTER, Licensed Embalmer No. 1994

hereby certify that the body recorded on the reverse side of this certificate was embalmed by self

L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed

Licensed Embalmer No. 1994

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)