

REC'D MAY 10 1939

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

791  
100313346  
Do not use this space.

3688

## 1. PLACE OF DEATH

- (a) County St. Louis Mo Registration District No. 2  
 (b) Township St. Louis Mo Primary Registration District No. 1003  
 (c) City St. Louis Mo (d) Street No. 3938 St. Bernard Registered No. 3688  
 (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

- (a) Residence, No. 400 Michael Doyle 3938 St. Bernard St. 11 (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 21, 1883</u>		
7. AGE	YEARS <u>55</u>	MONTHS <u>5</u>
	DAYS <u>28</u>	IF LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.	<u>Unemployed</u>
	9. Industry or business in which work was done, as saw mill, bank, etc.	<u>Father</u>
	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) <u>St. Louis Mo</u>	
FATHER	13. NAME <u>Thomas Doyle</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Bellevue Mo</u>	
MOTHER	15. MAIDEN NAME <u>Mary Hope</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>England</u>	
17. INFORMANT (ADDRESS) <u>W. J. Doyle</u> <u>3938 St. Bernard</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Cabarrus</u> DATE <u>Apr 21, 1939</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>J. J. Doyle</u> <u>1329 Union St</u>		
20. FILED <u>APR 20 1939</u> <u>J. B. Bidler</u> Local Registrar		

## MEDICAL CERTIFICATE OF ATTENDANCE

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/19/39 19  
 22. I HEREBY CERTIFY, That I attended deceased from ..... 19....., to ..... 19.....  
 I last saw h..... alive on..... 19..... Death is said to have occurred on the date stated above, at 4:45 P.M.  
 The principal cause of death and related causes of importance were as follows:

Acute Dilatation of Heart;  
Aortic Stenosis; Cor Bovis

Other contributory cause of importance:

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? No  
 If so, specify.....  
 (Signed) W. J. Doyle  
 (Address) 3938 St. Bernard

**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 .....

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No. 1391

P. O. Address: 4106<sup>e</sup> Botanical

**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, above space should be left blank.**