

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 8643  
Registrar's No. 2126

Registration District No. 791 Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Missouri Pacific Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community \_\_\_\_\_  
years, months or days)

3. (a) PRINT FULL NAME Richard Doyle

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. none

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Nellie Doyle 6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased November 12 1862  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
77 3 17 hr. \_\_\_\_\_ min.

9. Birthplace Dudley Ill.  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business Railroad Man

12. Name James Doyle

18. Birthplace Ireland  
(City, town, or county) (State or foreign country)

14. Maiden name Bridget Clancy

15. Birthplace Ireland  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Nellie Doyle

(b) Address 3419 Hartford St.

17. (a) Burial (b) Date thereof 3/4/40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mattoon Ill.

18. (a) Signature of funeral director E. J. Schnur

(b) Address E. J. Schnur 3125 Lafayette

19. (a) 3 1940 (b) J. T. Beck  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis 16  
(If outside city or town limit, write "RURAL")  
(d) Street No. 3419 Hartford St.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 1  
year 1940 hour 1:00 minute A M.

21. I hereby certify that I attended the deceased from Feb 15  
~~March 1~~ 1940, to March 1 1940  
that I last saw him alive on March 1 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Cardiac failure  
Acute pulmonary edema

Due to Chronic myocarditis  
Due to Senility

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature G. M. Bond (M. D. or other)

Address 1755 So. Grand Date signed 3-2-40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

**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 Joseph Bollmer

Licensed Embalmer No. 4014

P. O. Address 3125 Lafayette Ave.

**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.**