

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

State File No. 9417

Registrar's No. 2900

Registration District No. 791

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County St. Louis Mo
 (b) City or town St. Louis Mo
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 6134 Page Ave Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 3 (Specify whether
 In this community non years, months or days)

3. (a) PRINT FULL NAME Michael Dooley

3. (b) If veteran, name war no 3. (c) Social Security No. no

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

6. (b) Name of husband or wife millie 6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased 6-7-1861
 (Month) (Day) (Year)

8. AGE: Years 78 Months 9 Days 22 If less than one day hr. min.

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

10. Usual occupation unemployed

11. Industry or business

12. Name Miss Mowen 9

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

14. Maiden name Miss Mowen

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

16. (a) Informant's own signature Miss Mowen

(b) Address 26 Circle Drive Granite City Ill

17. (a) Granite City (b) Date thereof March 29, 1940
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Granite City Ill

18. (a) Signature of funeral director Charles E. Mercer

(b) Address Granite City Ill

19. (a) MAR 28 1940 (b) J. J. [Signature]
 (Date received local registrar) (Signature of registrar)

2. USUAL RESIDENCE OF DECEASED:

(a) State Ill (b) County Madison
 (c) City or town Granite City Ill
 (If outside city or town limits, write "RURAL")
 (d) Street No. 26 Circle Drive
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? abt 70 yrs years.

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month 3 day 27
 year 1940 hour 40 minutes P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
 that I last saw him _____ alive on _____, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death Painful Occlusion
 Due to Heart
 Due to Arterio Sclerosis

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations gib
 Of autopsy

PHYSICIAN
 Underline the cause to which death should be charged statistically

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) (b) Means of injury

23. Signature Alfred Werry (M. D. or other)
 Address Alfred Werry Date signed 3.28.40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

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 Chas E Mercer

Licensed Embalmer No. 2988

P. O. Address Granite City, Ill

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.