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DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

RECEIVED FEB 20 1941

Registration District No. 791

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 161

Registrar's No. 161

Primary Registration District No.

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

1. PLACE OF DEATH:
(a) County _____
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis City Hospital #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 17 Days
(Specify whether _____)
In this community 60 YRS.
years, months or days

3. (a) PRINT FULL NAME Margaret Dooley
(b) If veteran, name war None
(c) Social Security No. None

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

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

7. Birth date of deceased October 6 1958
(Month) (Day) (Year)

8. AGE: Years 82 Months 3 Days 1
If less than one day _____ hr. _____ min.

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

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER { 12. Name John Dooley

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

14. Maiden name Mary Byrnes

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

16. (a) Informant Walter Smith

(b) Address 3751 Upton st.

17. (a) Burial (b) Date thereof Jan. 9-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Parklawn Cemetery

18. (a) Signature of funeral director W. J. Kuffmeister, Inc.

(b) Address 7814 S. Broadway

19. (a) JAN 8 1941 (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis
(If outside city or town limits, write "RURAL") 1287
(d) Street No. 4587 A. Kensington ave.
(If rural, give location) 9
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 7
year 1941 hour 1:45 minute A. M.

21. I hereby certify that I attended the deceased from December 21, 1940 to January 7, 1941;
that I last saw h. ET. alive on January 7, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis
Arteriosclerosis, General
Senility
Due to _____
Due to _____
Other conditions (include pregnancy within 3 months of death) Cystitis Acute
Catarhal 93d

Major findings: _____
Of operations _____
Of autopsy as given above

Duration _____
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) (e) Means of injury _____

23. Signature W. J. Kuffmeister (M.D. or other) _____
Address 1515 Lafayette Ave. Date signed 1/11/41

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.....

Louis C. Hoffmeister

Licensed Embalmer No. *3471*

P. O. Address *7814 S. Broadway*

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, fact should be so stated above.