

AUG 23 1941
Registration District No. 791

Primary Registration District No.

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

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1. PLACE OF DEATH:

(a) County.....
(b) City or town..... **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3863 West Pine Blvd.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community..... **25 years** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... **Missouri** (b) County.....
(c) City or town..... **St. Louis** (If outside city or town limits, write "RURAL")
(d) Street No..... **3863 W. Pine Blvd.** (If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

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3. (a) PRINT FULL NAME **Mrs. CLARA E. DOYLE**

3. (b) If veteran, name war **None** 3. (c) Social Security **SS 492-07-6086**

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

6. (b) Name of husband or wife **Austin J.** 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased **Dec. 10, 1885**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
55 7 11 hr. min.

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

10. Usual occupation **Stenographer**

11. Industry or business **S. W. Bell Telephone Co.**

MOTHER FATHER { 12. Name **Henry Holderread**

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

14. Maiden name **Mary E. Warren**

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

16. (a) Informant **Walter H. Holderread**

(b) Address **572 East Union Litchfield**

17. (a) **Burial** (b) Date thereof **7-22-1941**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Litchfield, Ill.**

18. (a) Signature of funeral director **C. Hoffmeister W.S.T.C.**

(b) Address **7814 S. Broadway**

19. (a) **JUL 23 1941** (b) **J. W. Prueck**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **21** year **1941** hour **12** minute **01 A.M.**

21. I hereby certify that I attended the deceased from **Jan 1936** to **July 21, 1941**, that I last saw her alive on **July 21, 1941** and that death occurred on the date and hour stated above.

Immediate cause of death **Aortic Regurgitation 6 years**
Due to **no cause found**
Blood (Voluntary)
Due to.....

Other conditions **none**
(Include pregnancy within 3 months of death)

Major findings:
Of operations **none made**
Of autopsy **none made**

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) **no**

(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 **Joseph Davison M.D.**
Address **313 N. 9th St.** Date signed **7-21-41**

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 *Linus C. Hoffmeister*
Licensed Embalmer No. *3871*
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.