

Registration District No. **154**

Primary Registration District No. **200**

Registrar's No. **754**

1. PLACE OF DEATH:
 (a) County **St. Louis**
 (b) City or town **Lemay, Mo.**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
164 Military Road/
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Mo.** (b) County **St. Louis**
 (c) City or town **Lemay,**
(If outside city or town limits, write "RURAL")
 (d) Street No. **164 Military Road**
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME **Joseph B. Doll.**
 3. (b) If veteran, name war **No**
 3. (c) Social Security No. **None**

4. Sex **Male** 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 **Aug. 27, 1882.**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	59	7	6	hr. _____ min.

9. Birthplace **St. Louis, Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Unemployed**

11. Industry or business _____

MOTHER FATHER
 12. Name **John P. Doll**
 13. Birthplace **New Orleans, La.**
(City, town, or county) (State or foreign country)
 14. Maiden name **Therasa Tihen**
 15. Birthplace **Jefferson City, Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **John W. Doll.**
 (b) Address **1169 Ursula Ave., U.C. Mo.**
 17. (a) **Burial** (b) Date thereof **April 6/42**
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **Calvary Cem.,**

18. (a) Signature of funeral director **Jos. W. Clark**
 (b) Address **1125 Hodiamont Ave.**
 19. (a) **APR. 3 1942** (b) **C. G. McAdams**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **A pril** day **2**
 year **1942** hour **10.00** minute **P.M.** M.

21. I hereby certify that I attended the deceased from **Sept 1, '41**
 _____, 19____, to **April 2, '42**, 19____
 that I last saw him alive on **4-2**, 19____
 and that death occurred on the date and hour stated above.

Immediate cause of death
Ac. Cardiac failure
29,
 Due to **chronic myocarditis**

Due to _____
 Due to _____

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
 Of operations _____
 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) **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 **Brun S. Creulus** (M. D. or other) _____
 Address **341 Lemay Ferry Ct** Date signed **4/3/42**
Lemay, Mo

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

Dr. H. Ed. Crecelius
341 Lemay Ferry Road
LO. 2224 7-8P.M.

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. 4203

P. O. Address. St. Louis, Mo

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.