

Registration District No. Primary Registration District No. Registrar's No.

1. PLACE OF DEATH:
(a) County St. Louis, Mo.
(b) City or town _____
(c) Name of hospital or institution: City Sanitarium 2
(d) Length of stay: In hospital or institution 3yrs. 5mos. 19days
In this community Unknown

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 13 000
(c) City or town St. Louis
(d) Street No. 410a Market St.
(e) Citizen of foreign country? _____

3. (a) PRINT FULL NAME MIKE (WILLIAM) DOYLE
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____
4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced, single
6. (b) Name of husband or wife Single 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Unknown

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 18 year 1942 hour 5:35 minute P. M.
21. I hereby certify that I attended the deceased from 7-1-41 19... to 4-18-42 19... that I last saw him alive on 4-18-42 19... and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis-Chronic
Due to 10-31-38x
Other conditions 93
Major findings: Of operations 93
Of autopsy Yes.

8. AGE: Years About 82yrs. Months _____ Days _____ If less than one day _____ hr. _____ min.
9. Birthplace Unknown Pennsylvania
10. Usual occupation Nil
11. Industry or business _____
12. Name Unknown
13. Birthplace Unknown 9 Unknown
14. Maiden name Unknown
15. Birthplace Unknown 9 Unknown

16. (a) Informant R. Wiggend
(b) Address 5300 ARSENAL ST
17. (a) BURIAL (b) Date thereof 4-24-42
(c) Place: burial or cremation CALVARY
18. (a) Signature of funeral director Callahan Kelly
(b) Address 1416 N. TAYLOR AVE
19. (a) APP 24 1942 (b) J. F. Medwick
(Date received local registrar) (Registrar's signature) Y44

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
While at work? _____ (Specify type of place) (r) Means of injury _____
23. Signature Paul T. Hartman, D. O.
Address 5300 arsenal Date signed 4-22-42

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.

Myself

Signed *Glen E. Anderson*

Licensed Embalmer No. *4141*

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.