V. S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 25798

FILED SEP 1 1942 18

Registration District No. ..... Primary Registration District No. 1003 Registrar's No. 7015

1. PLACE OF DEATH:

(a) County .....
(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: ST JOHNS. HOSP. O
(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)
In this community .....

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Mo. (b) County 17
(c) City or town ST. LOUIS. 9 12
(If outside city or town limits, write "RURAL")
(d) Street No. 5149 WESTMINSTER
(If rural, give location)
(e) Citizen of foreign country? O (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME MARY AURELIA DOYLE

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex FEMALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife JOSEPH DOYLE

6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased SEPT. (Month) 17, (Day) 1871 (Year)

8. AGE: Years 70 Months 11 Days 3 If less than one day ..... hr. ..... min.

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

10. Usual occupation AT HOME

11. Industry or business .....

MOTHER FATHER
12. Name MICHAEL Mc ADAM
13. Birthplace IRELAND (City, town, or county) 4 (State or foreign country)

MOTHER
14. Maiden name MARY MOORE
15. Birthplace IRELAND (City, town, or county) 4 (State or foreign country)

16. (a) Informant Joseph Doyle
(b) Address 5149 WESTMINSTER

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 8-22-42 (Month) (Day) (Year)
(c) Place: burial or cremation SALVARY

18. (a) Signature of funeral director L. M. Mullen
(b) Address 5165 DELMAR BLVD.

19. (a) AUG 21 1942 (Date received by local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 20 year 42 hour 8 minute 30 a.m.

21. I hereby certify that I attended the deceased from 8/11/42, 19..., to 8/20/42, 19...; that I last saw h. alive on 8/19/42, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Chronic endocarditis

Due to .....

Due to .....

Other conditions (Include pregnancy within 3 months of death) Amoebic Dysentery

Major findings:
Of operations —
Of autopsy —

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 C. H. Nelson (M. D. or other)
Address Humboldt-Bldg Date signed 8/20/42

BT. (Licensed Embalmer's Statement on Reverse Side)

Dr C H Nielson.

#326 Humboldt Bldg

1 PM to 3 PM

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 H G Farris

Licensed Embalmer No. 3384

P. O. Address St Louis

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.