

FILED MAR 10 1943

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_

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

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: St. Louis Children's Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 4 days  
(Specify whether  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County St. Louis  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 201 Parnie Ave  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME DOTY, DAVID LEE

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex M 5. Color or race W 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 July - 12 1942  
(Month) (Day) (Year)

8. AGE: Years \_\_\_\_\_ Months 7 Days 14 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

12. Name Unknown

13. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)

14. Maiden name Cornelia Doty

15. Birthplace Ill 1  
(City, town, or county) (State or foreign country)

16. (a) Informant John Doty

(b) Address Lebanon Ill

17. (a) Burial (b) Date thereof Feb 27/43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt Hope

18. (a) Signature of funeral director Wendell Co

(b) Address 7420 Michigan Ave

19. (a) Feb 27 1943 (b) J. P. Braddock  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 26  
year 43 hour 10 minute 30 A.M.

21. I hereby certify that I attended the deceased from 2 - 23, 1943, to 2 - 26, 1943; that I last saw him alive on 2 - 26, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death: thrombosis of venous sinus of brain Duration 1 wk

Due to Severe latent 1 hr

Due to 1 hr

Other conditions: 1/10  
(Include pregnancy within 5 months of death)

22. If death was due to external causes, fill in the following:

Major findings: Of operations \_\_\_\_\_  
Of autopsy Not done

22. (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. D. Blythe (M. D. or other) \_\_\_\_\_

Address 10150 Cur Page Date signed \_\_\_\_\_

Duration

1 wk

1 hr

PHYSICIAN

Underline the cause to which death should be charged statistically.

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**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

*Oleive E. Rendle*

Licensed Embalmer No. *4148*

P. O. Address *Lenny*

**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.**