

Case No. 17945
State File No. _____
Registrar's No. 1133

FILED JUN 3 1946

Registration District No. 317

Primary Registration District No. 3069

Registrar's No. 1133

1. PLACE OF DEATH: ST. LOUIS

(a) County ST. LOUIS

(b) City or town Richmond Heights
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Marys Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 Months (Specify whether years, months or days)

3. (a) PRINT FULL NAME Carole Frances Doyle

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex female 5. Color 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 September 29th, 1945
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

7 19 _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name _____

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

14. Maiden name Dorothy J. Doyle

15. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Dorothy J. Doyle

(b) Address 5242 a Greer Ave.

17. (a) Burial (b) Date thereof 5-22-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Hy. Leidner U. Co.

(b) Address 2223 St. Louis Ave.

19. (a) 5-25-46 (b) E. J. McSavary
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Mo.

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 5242a Greer Ave.
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 18
year 1946 hour 7 minute 30 P.M.

21. I hereby certify that I attended the deceased from April 1, 1946 to May 18, 1946
that I last saw her alive on May 18, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Decompensation

Due to Congenital Heart Disease

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Duration

since birth

PHYSICIAN

Major findings: Of operations _____

Of autopsy Congenital Heart Large patent foramen ovale

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 William E. Deane (M. D. or other) _____
Address St. Marys Hosp. Date signed 5/21/46

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

16824

386

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..... *John P. Buchholz*

Licensed Embalmer No. *1674*

P. O. Address *2223 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.