

S. No. 2
M-5-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED OCT 14 1946

Registration District No. **318**

Primary Registration District No. **1003**

State File No. **31689**
Registrar's No. **8480**

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: Mo Baptist Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 22 years (Specify whether years, months or days)

In this community 22 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Mrs. Beulah Doolittle

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex female

5. Color or race white

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

6. (b) Name of husband or wife Norrie Doolittle

6. (c) Age of husband or wife if alive 34 years

7. Birth date of deceased August 26th, 1915
(Month) (Day) (Year)

8. AGE:

| | | | |
|-----------|----------|----------|----------------------|
| Years | Months | Days | If less than one day |
| <u>31</u> | <u>1</u> | <u>4</u> | hr. min. |

9. Birthplace Annacoco La
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business F. A. Withers

MOTHER FATHER

12. Name F. A. Withers

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

14. Maiden name Ruth M. Davis
(City, town, or county) (State or foreign country)

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

16. (a) Informant Mr. Norrie Doolittle

(b) Address 1543a N. 8th. St.

17. (a) Burial (b) Date thereof 10-3-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

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

(b) Address 2225 St. Louis Ave.

19. (a) OCT 2 1946 (Date received local registrar)
J. F. Bredeck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 25000

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

(d) Street No. 1543a N. 8th. St.
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 30th.
year 1946 hour 3:30 PM minute _____ M.

21. I hereby certify that I attended the deceased from July 17, 1946, to Sept 30, 1946, that I last saw him alive on Sept 30, 1946, and that death occurred on the date and hour stated above.

Immediate cause of death Woman
glomerulor nephritis

Due to Pregnancy

Other conditions (Include pregnancy within 3 months of death) 1/4H

Major findings: Of operations _____

Of autopsy glomerulor nephritis

Duration 2 1/2

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? _____

(Specify type of place) _____
While at work? _____ (e) Means of injury _____

23. Signature [Signature] (M. D. or other) M.D.

Address 402 Sister St. Date signed 10-2-46

Dr. V. B. Kieffer - Leater Body
12-30

MAR 4 1955

MAY 14 1954

JUL 9 1952

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. Beckhol
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.