

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
U.S. GOVERNMENT PRINTING OFFICE: 1938
STANDARD CERTIFICATE OF DEATH

31659

State File No.

FILED SEP 24 1946
Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 7829

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: Homer S. Phillips Hospital
(If not in hospital or institution, write street number or location)

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

In this community two 1/2 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis Co.

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

(d) Street No. 2632 Delmar Blvd
(If rural, give location)

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

3. (a) PRINT FULL NAME Earnest Doyle

3. (b) If veteran, name war World War I

3. (c) Social Security No. 430-34-9738

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 7
year 1946 hour 3 minute 50 P.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____
that I last saw him _____ alive on _____, 19____
and that death occurred on the date and hour stated above.

4. Sex male

5. Color or race negro

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

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive 42 years

7. Birth date of deceased 1896
(Month) (Day) (Year)

Immediate cause of death _____
Arterio-sclerosis
Cardiac Hypertrophy

Due to _____

Due to _____

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

8. AGE: Years 50 Months _____ Days _____ If less than one day _____ hr. _____ min.

9. Birthplace unknown Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation laborer

11. Industry or business Unknown

12. Name Unknown

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

14. Maiden name Unknown

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

Physician _____

Underline the cause to which death should be charged statistically.

Major findings: _____
Of operations _____

Of autopsy _____

16. (a) Informant Alice Doyle

(b) Address 2632 Delmar Blvd

17. (a) Burial (b) Date thereof 9-14-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Louis

18. (a) Signature of funeral director Omelia Jackson

(b) Address 2649-511 Delmar

19. (a) SEP 10 1946 (b) J. J. Bredeh
(Date received local registrar) (Registrar's signature)

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)

23. Signature Robert E. Hughes (M. D. or other) _____
Address St. Louis Date signed 9/12/46

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

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.....

Licensed Embalmer No.....

P. O. Address.....

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.