

FILED SEP 21 1946

Registration District No. 318

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County.....

(b) City or town St. Louis, Missouri  
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution 10 days  
(Specify whether years, months or days)

In this community 23 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 660

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

(d) Street No. 3753 Neosho  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country.....

3. (a) PRINT FULL NAME Stella Faye Doyle

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife James J. 6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased July 28, 1904  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>42</u>	<u>2</u>	<u>11</u>	hr. min.

9. Birthplace Effingham Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business.....

MOTHER FATHER

12. Name Legoric Tipsword

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

14. Maiden name Phronia Doty

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

16. (a) Informant James J. Doyle

(b) Address 3753 Neosho

17. (a) Burial (b) Date thereof 10/12/46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New SS Peter & Paul

18. (a) Signature of funeral director Oscar J Hoffmeister

(b) Address 4016 Chippewa

19. (a) OCT 14 1946 (b) G. F. Bredon  
(Date received for registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 9  
year 1946 hour 4 minute 30 A.M.

21. I hereby certify that I attended the deceased from Oct 9-30 1946 10-9 1946  
that I last saw him alive on 10-8 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death intestinal obstruction 2 dg.

Due to hypertension & atherosclerosis

Due to hypertension & atherosclerosis  
(fatal) stroke

Other conditions (Include pregnancy within 3 months of death) None

Major findings: chronic interstitial

Of operations.....

Of autopsy abdominal

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 0

23. Signature M. J. Bullman (M. D. or other)

Address 1607 N. Grand Date signed 10-10-46

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

6228

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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..... *John D. Pennek*  
Licensed Embalmer No. *4194*  
P. O. Address *St. Louis, Mo.*

**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.