. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY #80388
National Office of Vital Statistics

FILED DEC 31 1947

Registration District No. 318

MISSOURI DIVISION OF HEALTH
# STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 42969

Registrar's No. 11461

1. PLACE OF DEATH:
(a) County: St. Louis, Missouri.
(b) City or town: (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City Hospital #1 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County:
(c) City or town: St. Louis (If outside city or town limits, write "RURAL")
(d) Street No.: 4383a Gibson Ave. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: JOHN DOYLE
3. (b) If veteran, name war: no
3. (c) Social Security No.: 714-10-9186
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Mary Cleary Doyle
6. (c) Age of husband or wife if alive: 65 years
7. Birth date of deceased: December (Month) 10 (Day) 1875 (Year)

8. AGE: Years 72 | Months 0 | Days 4 | If less than one day hr. min.

9. Birthplace: Ivesdale (City, town, or county) Illinois (State or foreign country)
10. Usual occupation: Clerk
11. Industry or business: R.R. Express

FATHER
12. Name: John Doyle
13. Birthplace: (City, town, or county) Ireland (State or foreign country)

MOTHER
14. Maiden name: Sarah Brennan
15. Birthplace: (City, town, or county) Ireland (State or foreign country)

16. (a) Informant: Mrs. Mary Doyle,
(b) Address: 4383a Gibson Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 12-17-47 (Month) (Day) (Year)
(c) Place: burial or cremation: Calvary Cemetery
18. (a) Signature of funeral director: Cullinane Bros.
(b) Address: 3320 N. Kingshighway Blvd.
19. (a) DEC 16 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec. day 14th year 1947 hour 1 minute 40 P M.
21. I hereby certify that I attended the deceased from 12/12/47, 19..., to Dec. 14th, 19 47, that I last saw him alive on Dec. 14th, 19 47, and that death occurred on the date and hour stated above.

| Immediate cause of death | Duration |
|---|---|
| cerebral vascular accident | 2 days |
| Due to: arteriosclerosis | |
| Due to: | |
| Other conditions (Include pregnancy within 3 months of death): | |
| Major findings: Of operations: — | |
| Of autopsy: encephalomalacia | |

PHYSICIAN — Underline the cause of 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: U

23. Signature: Frank J. Martin (M.D.) 12/18/47
Address: 1515 Lafayette Date signed

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

## 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 Fred Frick

Licensed Embalmer No. 3186

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.**