No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED FEB 28 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 6296

Registration District No. 318 — Primary Registration District No. 1003 — Registrar's No. 1349

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

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: PARK, LANC O (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 DAY (Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County 0 0 0

(c) City or town St. Louis (If outside city or town limits, write "RURAL") 17

(d) Street No. 4132 W. Lee (If rural, give location) 9

(e) Citizen of foreign country? (Yes or No) 10 0

If yes, name country

3. (a) PRINT FULL NAME Jessie M. Doyle

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife ALEXANDER

(c) Age of husband or wife if alive years

7. Birth date of deceased Oct (Month) 29 (Day) 1880 (Year)

8. AGE: Years 67 Months 3 Days 8 If less than one day hr. min.

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

10. Usual occupation House Wife

11. Industry or business

FATHER
12. Name ARTHUR THICKITT
13. Birthplace (City, town, or county) ENGLAND (State or foreign country)

MOTHER
14. Maiden name FRANCES LAUDER
15. Birthplace (City, town, or county) ENGLAND (State or foreign country)

16. (a) Informant CATHERINE DOYLE
(b) Address 4132 W. Lee

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof Feb 10 1948 (Month) (Day) (Year)
(c) Place: burial or cremation CALVARY

18. (a) Signature of funeral director Cullen Kelly
(b) Address 4386 LINDELL

19. (a) FEB 9 1948 (Date received local registrar) (b) J. F. Breneck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEB day 7 year 1948 hour 8 minute 30 P M.

21. I hereby certify that I attended the deceased from Jan 6, 1948, to Feb 7, 1948 that I last saw her alive on Feb 7, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Endocarditis and Myocarditis

Due to —

Due to —

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

Major findings: Of operations —

Of autopsy —

Duration

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

23. Signature A H Jost (M. D. or other) MD

Address 2807 N Grand Ave Date signed 2/9/48

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 Ronald O Yahnke

Licensed Embalmer No. 3917

P. O. Address 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.