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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 34074

FILED OCT 23 1948

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 8829

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

(d) Length of stay: In hospital or institution 4-days (Specify whether years, months or days)

In this community 22 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County

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

(d) Street No. 4338 West Pine Blvd.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Margaret Doyen

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F.

5. Color or race W.

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

6. (b) Name of husband or wife Stephen Doyen

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased Nov. 17th., 1881 (Month) (Day) (Year)

8. AGE: Years 66 Months 10 Days 25 If less than one day hr. min.

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

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name Patrick Doughtery
13. Birthplace (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Julia Unknown
15. Birthplace (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Mrs. Bertha Engeman

(b) Address 4338 West Pine Blvd.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-14-48 (Month) (Day) (Year)

(c) Place: burial or cremation Richwoods, Mo.

18. (a) Signature of funeral director Arthur J. Donnelly

(b) Address 3840 Lindell Blvd.

19. (a) OCT 13 1948 (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 12th., year 1948 hour 6 minute a. M.

21. I hereby certify that I attended the deceased from 3 Oct, 1948, to 12 Oct, 1948, that I last saw her alive on 11 Oct, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death Coronary infarction

Due to Coronary arterial disease

Due to

Other conditions Obesity, diabetes
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature M. C. Spoenemann (M. D. or other) M.D.

Address 3633 N. Newstead Date signed 12 Oct 48

DR. SPOENEMAN

(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 Stanley Marshall

Licensed Embalmer No. 2868

P. O. Address 3840 Linwell

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.