

FILED SEP 26 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

543 (State File No.) 29847

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 113 PRIMARY REG. DIST. NO. 4185 Registrar's No. 42

1. PLACE OF DEATH a. COUNTY <u>Franklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Franklin</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>St. Clair</u> )	c. LENGTH OF STAY (in this place) township) _____	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Clair</u>	<u>36</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Route # 1</u>		d. STREET ADDRESS (If rural, give location) <u>Route # 1</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Millard</u>	b. (Middle) _____	c. (Last) <u>Doyle</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 10, 1949</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>November 11, 1882</u>	9. AGE (In years last birthday) <u>66</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>Alabama</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>James Doyle</u>	13b. MOTHER'S MAIDEN NAME <u>Cranford</u>	14. NAME OF HUSBAND OR WIFE <u>Maggie Doyle</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Maggie Doyle-R. # 1 St. Clair Mo.</u>	ADDRESS _____
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>1 wk.</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CONGESTIVE HEART FAILURE</u>	DUE TO (b) <u>GENERALIZED ARTERIO-SCLEROSIS</u>		<u>?</u>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (c) <u>CEREBRAL HEMORRHAGE</u>		<u>15 MO.</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>3 3/4 X</u>

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to 9-10, 1949, that I last saw the deceased alive on 9-10, 1949, and that death occurred at 7:10 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>John F. Pearl, M.D.</u>	(Degree or title) _____	23b. ADDRESS <u>St. Clair Mo.</u>	23c. DATE SIGNED <u>9-10-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Sept. 15 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>9-11-49</u>	REGISTRAR'S SIGNATURE <u>B.L. Worthington</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Math. Hermann &amp; Son, Inc.</u>	ADDRESS <u>2161 E. Fair Ave</u>
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACKINK—MAKE A PERMANENT RECORD

District File Number \_\_\_\_\_  
District Health Officer No. 9  
RECEIVED SEP 29 1949

OCT 27 1950

SEP 29 1949

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 \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Glen W. Holz Student Embalmer No. \_\_\_\_\_

Licensed Embalmer No. 373

P. O. Address St. Louis, Miss

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.