

FILED SEP 19 1951

STANDARD CERTIFICATE OF DEATH

State File No. **31191**

BIRTH NO. **63715-51** REG. DIST. NO. **310** PRIMARY REG. DIST. NO. **3058** Registrar's No. **183**

923

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

1. PLACE OF DEATH a. COUNTY St. Charles		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) St. Charles		c. CITY (If outside corporate limits, write RURAL and give township) Florissant	
c. LENGTH OF STAY (In this place) 4 days		d. STREET ADDRESS (If rural, give location) R # 3 Box 3460	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hospital			

3. NAME OF DECEASED (Type or Print)	a. (First) Rose	b. (Middle) Marie	c. (Last) Doyel	4. DATE OF DEATH (Month) (Day) (Year) 9 10 51
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5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH 9-6-51	9. AGE (In years last birthday) 4	IF UNDER 1 YEAR Days 4	IF UNDER 4 HRS. Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none	10b. KIND OF BUSINESS OR INDUSTRY none	11. BIRTHPLACE (State or foreign country) Missouri	12. CITIZEN OF WHAT COUNTRY U.S.
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13a. FATHER'S NAME Floyd N. Doyel	13b. MOTHER'S MAIDEN NAME Geraldine Blackwell	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Floyd N. Doyel	ADDRESS Florissant, Missouri
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) congenital heart disease		INTERVAL BETWEEN ONSET AND DEATH at birth
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. I interseptal defect - ventricular		
	DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION none	19b. MAJOR FINDINGS OF OPERATION 7542	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) (Min.)	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 **9-6-51**, 19___, to **9-10-51**, 19___, that I last saw the deceased alive on **9-10-51**, 19___, and that death occurred at **3:20 A. m.**, from the causes and on the date stated above.

23a. SIGNATURE George E. Krister	(Degree or title) M.D.	23b. ADDRESS 207 N. 5th St., St. Charles, Mo.	23c. DATE SIGNED 9-10-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 9/11-51	24c. NAME OF CEMETERY OR CREMATORY Kenneth Cemetery	24d. LOCATION (City, town, or county) (State) Marion Co. Mo.
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DATE REC'D BY LOCAL REG. 9-11-51	REGISTRAR'S SIGNATURE Francis Hamilton	25. JOURNAL DIRECTOR'S SIGNATURE Fred N. Gilbert	ADDRESS Dixon Mo.
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File No. _____
DISTRICT HEALTH OFFICE No. 4

SEP 17 1951

RECEIVED

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 _____

9/10-51

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed *Maurice Scherbaum*

Licensed Embalmer No. *4505*

P. O. Address *Bivona, 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.