

FILED FEB 14 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2733

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 0952

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Mo.</i> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) <i>Dr. Leats Mo.</i>		c. LENGTH OF STAY (in this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Hosp = 1</i>		c. CITY (If outside corporate limits, write RURAL and give township) <i>Dr. Leats 2259</i>	
d. STREET ADDRESS <i>25 5 Mo. 9 0</i>		d. STREET ADDRESS (If usual, give location)	
3. NAME OF DECEASED (Type or Print) a. (First) <i>John</i> b. (Middle) <i>Dooley</i> c. (Last) <i>Dooley</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>JAN. 29, 1952</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>SINGLE</i>	8. DATE OF BIRTH <i>MAR 10 - 1883</i>
9. AGE (In years last birthday) <i>68</i>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>OOD JOBS</i>	11. BIRTHPLACE (State or foreign country) <i>OHIO</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY <i>U.S.A.</i>
13a. FATHER'S NAME <i>FRANK DOOLEY</i>		13b. MOTHER'S MAIDEN NAME <i>DELIA UNKNOWN</i>	14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>UNKNOWN</i>		16. SOCIAL SECURITY NO. <i>UNKNOWN</i>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Margaret Kelly 2331 Mullany</i>
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ ANTECEDENT CAUSES DUE TO (b) _____ DUE TO (c) <i>Broncho Pneumonia</i> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <i>491X</i>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <i>4:50 A.M.</i> , from the causes and on the date stated above.			
23a. SIGNATURE <i>Patricia E. Taylor</i> (Degree or title) <i>Coroner</i>		23b. ADDRESS <i>1300 Clark</i>	
23c. DATE SIGNED <i>1. 31. 52</i>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i>		24b. DATE <i>FEB 1 - 1952</i>	
24c. NAME OF CEMETERY OR CREMATORY <i>CALVARY</i>		24d. LOCATION (City, town, or county) (State) <i>ST LOUIS MO</i>	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <i>JAN 31 1952</i> <i>Carl Smith</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Carl Smith</i> <i>Bullen-Kelly 4386 Lindell</i>	

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

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.....

Students of Mortuary College

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *James A. Lammers*

Licensed Embalmer No. *4142*

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.