S. No. 300
v. 10.48

FILED MAR 24 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11481

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 2501

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN: Saint Louis, Mo. c. LENGTH OF STAY (In this place): 29 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home 3735 a Evans Ave

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Saint Louis 2119
d. STREET ADDRESS (If rural, give location): 3735 a Evans Avenue

3. NAME OF DECEASED (Type or Print)
a. (First): Nancy b. (Middle): c. (Last): Doyle

4. DATE OF DEATH (Month) (Day) (Year): 3 5 1953

5. SEX: Female **6. COLOR OR RACE**: Col. **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Married **8. DATE OF BIRTH**: 3-2-1901 **9. AGE** (In years last birthday): 52 yrs. If under 1 year: Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laundry **10b. KIND OF BUSINESS OR INDUSTRY**: **11. BIRTHPLACE** (City and State or Foreign Country): St Joseph Louisiana **12. CITIZEN OF WHAT COUNTRY?**: U.S.A.

13a. FATHER'S NAME: John Moore **13b. MOTHER'S MAIDEN NAME**: Unknown **14. NAME OF HUSBAND OR WIFE**: Ollie Doyle 3145 a N. Teller

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service) **16. SOCIAL SECURITY NO.**: **17. INFORMANT'S SIGNATURE OR NAME**: Ellen R. Maxey **ADDRESS**: 2814 a Lawton Blvd.

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hemorrhage caused by knife cut into right Ventricle; suffered

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) when deceased was cut with

DUE TO (c) knife in the hands of one Rose

II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death* A quarrel in room of home at 3735 a Evans Ave about

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION **19b. MAJOR FINDINGS OF OPERATION** 1:30 am March 5 1953. Homicide

20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Suicide **21b. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.): Home **21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)**: St Louis Mo.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Mar 5 53 1 30 A.M. **21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐ **21f. HOW DID INJURY OCCUR?** E982 X

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* 1:40 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Patrick E. Taylor Dr 3 **23b. ADDRESS**: 1500 Clark **23c. DATE SIGNED**: 3.6.53.

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal **24b. DATE**: 3-9-1953 **24c. NAME OF CEMETERY OR CREMATORY**: National Cemetery **24d. LOCATION** (City, town, or county) (State): Jefferson Barracks Mo.

DATE REC'D BY LOCAL REG.: MAR 6 1953 **REGISTRAR'S SIGNATURE**: J Carl Smith MD MPO **25. FUNERAL DIRECTOR'S SIGNATURE**: Gus Lame Und. **ADDRESS**: 2930 Dickson St

(Licensed Embalmer's Statement on Reverse Side)

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 _____

_____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed Arthur L. Heilliard

Licensed Embalmer No. 4921

P. O. Address 4524 Aldine

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.