

FILED DEC 13 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH  
318

38685  
State File No. 1003  
Registrar's No. 10075

BIRTH NO. _____		REG. DIST. NO. 318	PRIMARY REG. DIST. NO. 1003	Registrar's No. 10075
1. PLACE OF DEATH a. COUNTY _____		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY <b>St. Louis</b> c. CITY OR TOWN <b>Bellefontaine Neighbors</b> d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>		
b. CITY OR TOWN <b>St. Louis</b>		c. CITY OR TOWN <b>Bellefontaine Neighbors</b>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. John's Hospital</b>		STREET ADDRESS (If rural, give location) <b>1054 Donnell Ave.</b>		

3. NAME OF DECEASED (Type or Print) <b>ELIZABETH A. DOYLE</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Nov. 5 1954</b>		
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widow</b>	
8. DATE OF BIRTH <b>Sep. 10, 1871</b>		9. AGE (In years last birthday) <b>83</b>		IF UNDER 1 YEAR Months Days IF UNDER 4 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housework</b>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <b>Silex, Mo.</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>					

13a. FATHER'S NAME <b>John McCarthy</b>		13b. MOTHER'S MAIDEN NAME <b>Elizabeth Murphy</b>		14. NAME OF HUSBAND OR WIFE <b>Late Edward P. Doyle</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Marie Doyle 1054 Donnell Ave.</b>	

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary infarct</b>		INTERVAL BETWEEN ONSET AND DEATH <b>30 mins</b>
	ANTECEDENT CAUSES DUE TO (b) <b>vegetative endo carditis</b>		
	DUE TO (c) <b>infection undetermined</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Large abdominal abscess</b>			<b>2 weeks</b>

19a. DATE OF OPERATION <b>11/3/54</b>		19b. MAJOR FINDINGS OF OPERATION <b>Intra abdominal abscess - incision &amp; drainage</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE _____		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 _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>576X</b>	

22. I hereby certify that I attended the deceased from **6/11**, 19**46**, to **11/5**, 19**54**, that I last saw the deceased alive on **11/5**, 19**54**, and that death occurred at **9:30P** m., from the causes and on the date stated above.

23a. SIGNATURE <b>Carl Smith</b> (Degree or title) _____		23b. ADDRESS <b>2522 N. Kingshighway</b>		23c. DATE SIGNED <b>11/6/54</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Nov. 8, 1954</b>		24c. NAME OF CEMETERY OR-CREMATORY <b>Calvary Cemetery</b>	
24d. LOCATION (City, town, or county) (State) <b>St. Louis, Mo.</b>					

DATE REC'D BY LOCAL REG. <b>NOV 8 1954</b>		REGISTRAR'S SIGNATURE <b>Carl Smith</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Kriegshauser 4228 S. Kingshighway Bl.</b>	
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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.....  
Signature of Student Embalmer

Signed *Julius H. Shuman*

Licensed Embalmer No. 453

P. O. Address .....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.