

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

31216

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1003**
 City **St. Louis** (No. **2610 Alhambra Court**) St. Ward)

File No.
 Registered No. **8812**

2. FULL NAME

(a) Residence. No. St. **17** Ward.
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) **Widower**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Margaret Doyle**

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **April 16 - 1868**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
62 4 21

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work **Guard**
 (b) General nature of industry, business, or establishment in which employed (or employer) **First Natl Bank**
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)..... **Illinois**
 (STATE OR COUNTRY)

10. NAME OF FATHER **Patrick Doyle**

11. BIRTHPLACE OF FATHER (CITY OR TOWN)..... **Ireland**
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER **Maria Tighe**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)..... **St. Louis**
 (STATE OR COUNTRY) **Missouri**

14. INFORMANT **William P Doyle**
 (Address) **2610 Alhambra Court**

15. FILED **May 3 1930** **Max C. Starck** REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **Sept 7 1930**
 17. I HEREBY CERTIFY, That I attended deceased from **July 1 - 30** 19 **30** to **Sept 7** 19 **30**
 that I last saw him alive on **Sept 7 1930** and that death occurred, on the date stated above, at **1240 P.M.**

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Embolicism Preliminary
IIIA
 (duration) yrs. mos. ds.
 CONTRIBUTORY (SECONDARY) **IIIA** (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH.....

8 DID AN OPERATION PRECEDE DEATH?..... DATE OF.....

18. WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS
 (Signed) **W. J. Doyle** M. D.
9/8 1930 (Address) **9601 Washington Av.**

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS and NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL **Calvary Cemetery** DATE OF BURIAL **9/10 1930**

20. UNDERTAKER **Arthur J. Donnelly** ADDRESS **2039 Wash St**

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

2601 Washington
St 4216

9-10