

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

Do not use this space.

37329

1. PLACE OF DEATH

County..... Registration District No.....
Township St. Louis Primary Registration District No.....
City St. Louis (No. 9733 - Russell Blvd)

File No.....
Registered No. 9962
St. Ward)

2. FULL NAME

JAMES H. DOYLE
(a) Residence, No. 2733 - Russell Ave. St. 13 Ward.

(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) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Helen Doyle
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 4 - 1887
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
44 11 6
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Rail Road Clerk
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gen. P. 19 105
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis (Mo)

FATHER 13. NAME Michael J. Doyle

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland 15

MOTHER 15. MAIDEN NAME Helen Ryan

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miss

17. INFORMANT (ADDRESS) Mrs Helen Doyle 2733 - Russell Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE Nov 12 1932

19. UNDERTAKER (ADDRESS) Edwin J. Harrison & Son 4312 N. 3rd St

20. FILED NOV 11 1932 19 May C. Starbuck Registrar.

2. MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 10 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 29 1922 to Nov 10 1932

I last saw him alive on Nov 5 1932 Death is said to have occurred on the date stated above, at 2:30 pm.

The principal cause of death and related causes of importance were as follows:

Myocarditis (Chronic)
930 Cardiac dilatation
45 B

Date of onset 10-23-32
Nov 10

Other contributory causes of importance: 1/3

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify.....

(Signed) Phil Bender, M. D.
(Address) 2104 California Ave, St. Louis Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

