

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

Do not use this space.

**1. PLACE OF DEATH**

County..... Registration District No. **791**  
Township..... Primary Registration District No. **1003**  
City **St. Louis** (No. **2624**, **Howard St**)

File No. **18629**  
Registered No. **5122**  
St. .... Ward)

**2. FULL NAME**

(a) Residence, No. **2624 Howard** St., **20** Ward.  
(Usual place of abode)

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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX **male** 4. COLOR OR RACE **white** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widowed**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Jan-13-1862**

7. AGE YEARS **72** MONTHS **4** DAYS **6** If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Retired**  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **Fireman**  
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 Co.**

FATHER 13. NAME **John Doyle**

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

MOTHER 15. MAIDEN NAME **Elizabeth Bowe**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Ireland**

17. INFORMANT **Margaret Doyle** (ADDRESS) **2624 Howard St.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Calvary Cn** DATE **May-23 1934**

19. UNDERTAKER **Callinane Bros** (ADDRESS) **525 N. Grand St.**

20. FILED **23** 19 **34** **J. Brebeck** Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **May-19-1934**

22. I HEREBY CERTIFY, That I attended deceased from **May 1st 1934** to **May 19, 1934**. I last saw him alive on **May 19, 1934**. Death is said to have occurred on the date stated above, at **3:30 a.m.**

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

**Cerebral hemorrhage**  
**arteriosclerosis**  
**hypertension**  
**atherosclerosis**

Other contributory causes of importance:  
**hypertension**  
**atherosclerosis**

Date of onset **23**

Name of operation **None** Date of .....

What test confirmed diagnosis? **Ex. Am.** 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) **Albert A. Denk**, M. D.  
(Address) **5304 Eastern Ave**

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.

JUN 13 1934

No 0441

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