

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.

REC'D MAR 14 1938

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

4670
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
(b) Township Primary Registration District No. **1003**
(c) City **St. Louis** (d) Street No. **2209 Hebert St.** Registered No. **1315**
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
(If death occurred in Hospital or Institution, write its name instead of street and number) St.

2. PRINT FULL NAME

Ellen Doyle 400

(a) Residence, No. **2209 Hebert St.** St. **20**
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 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 **James Doyle**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Unk. Unk. 1855**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
83 Unk Unk

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Housekeeper**
9. Industry or business in which work was done, as saw mill, bank, etc.
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) **Ireland 5**

FATHER 13. NAME **William Hyland 5**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Ireland 5**

MOTHER 15. MAIDEN NAME **Ellen Butler**

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

17. INFORMANT **Little Sisters of Poor**
(ADDRESS) **2209 Hebert St.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Calvary Cem.** DATE **Feb. 5, 1938**

19. FUNERAL DIRECTOR **Arthur J. Donnelly Undt. Co.**
(ADDRESS) **3840 Lindell Blvd.**

20. FILED **FEB 5 1938** **J. T. Budick**

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Feb. 4, 1938**

22. HEREBY CERTIFY, That I attended deceased from **Jan. 15, 1938** to **Feb. 4, 1938**
I last saw her alive on **Feb. 4, 1938** Death is said to have occurred on the date stated above, at **9:30 a.m.**
The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis Date of onset

[Handwritten signature]

Other contributory causes of importance: **Atherosclerosis**

Name of operation **None** Date of
What test confirmed diagnosis? **Chest x-ray** 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) **Arthur A. Prekuski, M. D.**
(Address) **1525 e. Cass Ave.**

STATEMENT BY LICENSED EMBALMER

I, Stanley Marchlewski, Licensed Embalmer No. 2868

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Me

L. E.

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed Stanley Marchlewski
Licensed Embalmer No. 2868

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.)