REC'D APR 1 1938

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

8912
Do not use this space.

1. PLACE OF DEATH

(a) County 3 Registration District No. 791

(b) Township / Primary Registration District No. 1003 Registered No. 2501

(c) City St. Louis (d) Street No. Masonic Home St.

(If death occurred in Hospital or Institution, write its name instead of street and number)

(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.

2. PRINT FULL NAME Jacob Doyle 400

(a) Residence, No. Masonic Home St. 12

(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: 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: Elizabeth Doyle

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 1/20/1845

7. AGE: Years 93 | Months 1 | Days 23 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Retired

9. Industry or business in which work was done, as saw mill, bank, etc.: Farmer

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): Tenn

FATHER

13. NAME: James Doyle

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Walker County, Ga.

MOTHER

15. MAIDEN NAME: Prudence Bryant

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Walker County, Ga.

17. INFORMANT: J. W. Doyle
(ADDRESS) CinCinatti Ohio

18. BURIAL, CREMATION, OR REMOVAL
PLACE Old Apple Creek DATE 3/16 1938

19. FUNERAL DIRECTOR: Robert J. Ambruster
(ADDRESS) 6633 Clayton Road

20. FILED MAR 15 1938 J. F. Bredeck Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/13/38, 19

22. I HEREBY CERTIFY, That I attended deceased from December 19, 1936, 19, to March 13, 1938, 19. I last saw him alive on March 13, 1938, 19. Death is said to have occurred on the date stated above, at 7.05 P. M.

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

	Date of onset
Chronic Myocarditis	18 mths
Other contributory causes of importance:	
Senility	1 yr.

Name of operation ---------- Date of ----

What test confirmed diagnosis? Phy. Ex. 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) [illegible], M. D.

(Address) 3087 N. Grand

(Licensed Embalmer's Statement on Reverse Side)

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.

1 X12004

STATEMENT BY LICENSED EMBALMER

I, Edward J. Bockhorst, Licensed Embalmer No. 2502

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

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed Edward J. Bockhorst

Licensed Embalmer No. 2502

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.)