

REC'D JUN 9 1938

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

16774
Do not use this space.

4635

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 791
(b) Township Mo Primary Registration District No. 1008
(c) City St. Louis (d) Street No. 325 N. Newstead St. 19
(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

(a) Residence, No. 325 N. Newstead St. 19 (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 1 - 1856
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, . hrs. or min.
82 — 19 19
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired school
9. Industry or business in which work was done, as saw mill, bank, etc. Teacher
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) Dubuque Iowa
13. NAME Francis Doyle 5
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland 5
15. MAIDEN NAME Ellen Shine
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland
17. INFORMANT Miss Margaret Dougherty
(ADDRESS) 6506 Ellis Chicago, Ill.
18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cemetery DATE May 23 38
19. FUNERAL DIRECTOR (NAME) Mullen Bros
(ADDRESS) 4259 Lindell Blvd
20. FILED MAY 21 1938 J. D. Bredeek Local Registrar.

No Autopsy
21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-20-38 19

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 8:50 A.M.

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

Coronary Thrombosis
Arterio Sclerosis
Other contributory causes of importance: ATB

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?
If so, specify _____
(Signed) Alfred J. Perry
(Address) Deputy Coroner

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No., working under my personal supervision.

Signed.....

Thomas R. Fenwick

Licensed Embalmer No. *3793*

P. O. Address.....

St Louis Mo

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.)

If this body is not embalmed, above space should be left blank.