

REC'D JUL 12 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

19895

Do not use this space.

1. PLACE OF DEATH

(a) County.....
 (b) Township.....
 (c) City St. Louis..... (d) Street No. St. Lukes Hospital..... St.
 (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. da.

Registration District No. 791Primary Registration District No. 1003Registered No. 5034

2. PRINT FULL NAME

(a) Residence, No. John A. Dooris #4598 Evans Ave. St. 11
 (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) Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 4 - 1871
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
67 3 25
 OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Salesman
 9. Industry or business in which work was done, as saw mill, bank, etc. Auto Parts
 10. Date deceased last worked at this occupation (month and year).....
 11. Total time (years) spent in this occupation.....

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 29, 1938
 22. I HEREBY CERTIFY, That I attended deceased from May 2, 1938, to May 29, 1938
 I last saw him alive on May 29, 1938 Death is said to have occurred on the date stated above, at 6:30 p. m.

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

Hemorrhage of Colon & Rectum
Ulcerative Colitis
 Date of onset Unknown

Other contributory causes of importance:

120
Proctomy
 Name of operation Colostomy Date of May 29, 38
 What test confirmed diagnosis? Biopsy Was there an autopsy? Yes

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) E. L. Hayes M. D.

(Address) 400 Metropolitan Building
St. Louis

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Urbana, Ohio13. NAME Rev John A. Dooris14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland15. MAIDEN NAME Jennie Ewynne16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Urbana, Ohio17. INFORMANT (ADDRESS) Evans Dooris
#4598 Evans Ave18. BURIAL, CREMATION, OR REMOVAL PLACE Urbana, Ohio DATE 6-1-, 193819. FUNERAL DIRECTOR (ADDRESS) E. R. Lupton & Sons
#4449 Olive Street20. FILED JUN 1 1938 J. D. Bricker Local Registrar

(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.

12-1 - 11000 - 5470

STATEMENT BY LICENSED EMBALMER

I, J. J. Lupton, Licensed Embalmer No. #2122

hereby certify that the body recorded on the reverse side of this certificate was embalmed by J. H. Murray
L. E.

No. #4011 or by _____ Registered Apprentice No. _____
working under my personal supervision.

Signed J. J. Lupton
Licensed Embalmer No. #2122

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.)