S. No. 2
—11-10-39
v. 5-17-39
1 X21492

FILED APR 15 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 9220

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 2703

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: DePaul Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ste. Genevieve

(c) City or town Ste. Genevieve NR
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Charles Doll

3. (b) If veteran, name war Unknown

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Elizabeth

6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased March (Month) 4 (Day) 1869 (Year)

8. AGE: Years 71 Months 0 Days 16 If less than one day hr. min.

9. Birthplace St. Mary's (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Unknown

11. Industry or business

FATHER
12. Name Charles Doll
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Charles Doll
(b) Address Ste. Genevieve, Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 3-22-40 (Month) (Day) (Year)
(c) Place: burial or cremation St. Mary's, Mo.

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Ave.

19. (a) MAR 22 1940 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 20 ~~III~~ 20/ year 1940 hour 3 minute 30 p. M.

21. I hereby certify that I attended the deceased from March 14, 1940, to March 20, 1940; that I last saw him alive on March 20, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary thrombosis	1 day
Due to Arteriosclerosis (general)	2
Due to Age	
Other conditions Gall bladder disease (Include pregnancy within 3 months of death) possibly carcinomatous	2

Major findings:
Of operations —
unknown as to stones
Of autopsy —

946

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) —
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? —
(Specify type of place)
While at work? — (e) Means of injury? —

23. Signature [signature] (M. D. or other)
Address 1117 N. Broad Date signed 3/22/40

(Licensed Embalmer's Statement on Reverse Side)

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 J. G. Sullivan

Licensed Embalmer No. 1122

P. O. Address.....

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.