

MAY 9 1949

1594

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registration District No. 784

Primary Registration District No. 210

Registrar's No. 781

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: Halls Ferry Rd.  
(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)

3. (a) PRINT FULL NAME William T. Doak

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Mary Doak

6. (c) Age of husband or wife if alive 77 years

7. Birth date of deceased: Sept. 22, 1864  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>76</u>	<u>6</u>	<u>17</u>	hr. _____ min. _____

9. Birthplace Black Jack Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name Theodore Doak

13. Birthplace Virginia  
(City, town, or county) (State or foreign country)

14. Maiden name Not known

15. Birthplace Not known  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mary Doak

(b) Address Halls Ferry Rd.

17. (a) Burial (b) Date thereof 4/11/41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cem.

18. (a) Signature of funeral director Charles & Norman Thomas

(b) Address 4911 Washington Blvd.

19. (a) APR 10 1949 (b) APR 10 1949  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis <sup>96</sup>

(c) City or town Rural <sup>0</sup>  
(If outside city or town limits, write "RURAL")

(d) Street No. Halls Ferry Rd.  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 9  
year 1941 hour 12:30 minute 2 M.

21. I hereby certify that I attended the deceased from Oct 1940  
\_\_\_\_\_ 19 \_\_\_\_\_ to Apr 9 1941;  
that I last saw him alive on Apr 18 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Infarct <sup>Duration 6 hrs</sup>

Due to Arterio Sclerosis

Due to 9/4/41

Other conditions \_\_\_\_\_  
(Include pregnancy within 8 months of death)

PHYSICIAN \_\_\_\_\_

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy 0

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? \_\_\_\_\_

While at work? \_\_\_\_\_  
(Specify type of place) (a) Means of injury \_\_\_\_\_

23. Signature Wm A. Throck (M. D. or other) MD

Address 8201 N. Broadway Date signed 4/11/49

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.

2025 RELEASE UNDER E.O. 14176

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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.**