. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 18 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 30051

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 7389

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: St. Louis Childrens Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 0 (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 1 17 (If outside city or town limits, write "RURAL")

(d) Street No. 327 E. Courtois st. 9 (If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Martin Doyle

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex 0 Male

5. Color or race White

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife

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

7. Birth date of deceased June (Month) 23 (Day) 1941 (Year)

8. AGE: Years 0 Months 2 Days 17 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation Nil

11. Industry or business

FATHER
12. Name Martin John Doyle
13. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country) 0

MOTHER
14. Maiden name Clara Luczak
15. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country) 0

16. (a) Informant Martin J. Doyle

(b) Address 327 E. Courtois st.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 13, 41 (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Olive Cemetery

18. (a) Signature of funeral director C. Hoffmeister Mt. Co.

(b) Address 7814 S. Broadway

19. (a) SEP 12 1941 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 11 year 41 hour 11 minute 10 a M.

21. I hereby certify that I attended the deceased from 9-11, 1941, to 9-11, 1941; that I last saw him alive on 9-11, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death: Streptococcus sept. Multiple hemorrhages of lung, Ecchymoses

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 161 C

Major findings: Of operations 161 d

Of autopsy Multiple hemorrhages

Duration

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 R. J. Bettner (M. D. or other) 0

Address 8400 So. Kingsbury Date signed

(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 Linus C. Hoffmeister

Licensed Embalmer No. 3871

P. O. Address 7814 S. Broadway

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.