

2
4-41
7-39
X26390

STANDARD CERTIFICATE OF DEATH

State File No. 30135

791

Registration District No. _____

Primary Registration District No. _____

Registrar's No. 7474

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis

(c) Name of hospital or institution: St. John's 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) 0

3. (a) PRINT FULL NAME Paul J. Doran, Sr.

3. (b) If veteran, name war No

3. (c) Social Security No. NONE

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Elizabeth Doran

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

7. Birth date of deceased About 1876
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
<u>About 65</u>				hr. _____ min.

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

10. Usual occupation Real Estate

11. Industry or business _____

12. Name Maurice Doran

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

14. Maiden name Catherine Carroll

15. Birthplace Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant Paul Doran, Jr.

(b) Address 2324 Sulphur Ave.

17. (a) Burial (b) Date thereof 9-17-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Stroot-Carroll

(b) Address 4600 Natural Bridge Ave.

19. (a) Sept 16 1941 (b) J. Bredack
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____

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

(d) Street No. 2324 Sulphur Ave.
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 14
year 1941 hour 12 minute 15 P.M.

21. I hereby certify that I attended the deceased from 9/3/41
_____ 19 _____ to 9/14/41 19 _____
that I last saw him alive on 9/14/41
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis
Arteriosclerotic

Duration 11 days

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature Paul B. Webb (M. D. or other) MD

Address 3467 Morganford Date signed 9/15/41

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

MOTHER FATHER

Dr. Munnell
Humboldt Bldg
Je 3350.

Dr. Hebb
Delany

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 *Frank J. Sturck*

Licensed Embalmer No. 2266

P. O. Address 46th Nat Bridge

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

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