

FILED MAR 10 1942

Registration District No. 784

Primary Registration District No. 117

Registrar's No. 448

1. PLACE OF DEATH:

(a) County Saint Louis  
(b) City or town Webster Groves  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
310 Glen Road  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
In this community..... 6 months  
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Champaign  
(c) City or town Champaign  
(If outside city or town limits, write "RURAL")  
(d) Street No.....  
(If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country .....

3. (a) PRINT FULL NAME

Ada Alley Doisy

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Edward Perez Doisy

6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased August 2 1870  
(Month) (Day) (Year)

8. AGE: Years 71

Months 6

Days 23

If less than one day  
hr. min.

9. Birthplace Richland County  
(City, town, or county)

Illinois  
(State or foreign country)

10. Usual occupation Housewife

11. Industry or business.....

12. Name Joseph Alley

13. Birthplace B  
(City, town, or county)

VIRGINIA  
(State or foreign country)

14. Maiden name Emma Foster  
(City, town, or county)

BEAVER COUNTY PENNSYLVANIA  
(State or foreign country)

16. (a) Informant Edward A. Doisy

(b) Address 310 Glen Road, Webster Groves, Mo.

17. (a) Cremation (b) Date thereof 2/27/42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Crematory

18. (a) Signature of funeral director Robert J. Ambruster

(b) Address Clayton Rd at Concordia Lane

19. (a) FEB 27 1942 (b) H. Mc Lane, M.D.  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 25th  
year 1942 hour 8 minute 15 P.M.

21. I hereby certify that I attended the deceased from  
6/25/39 19 to 2/25/42 19  
that I last saw her alive on 2/25/42 19  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Generalized Carcinomatous

Duration

3 yrs.

Due to Carcinoma of Splenic flexure  
of descending colon

3 1/2 yrs.

Due to.....

Other conditions  
(Include pregnancy within 3 months of death) 1/6 1/2

Major findings:  
Of operations As above stated

Of autopsy None

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 A. J. Kotkis, M.D. (M. D. or other)  
Address 162 North Taylor Date signed 2/26/42

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

MOTHER FATHER

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MAR 3 1942

MAR 3 1948

MAR 2 1948

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.....  
Licensed Embalmer No.....1991.....  
P. O. Address..... Saint Louis .....

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, fact should be so stated above.