V. S. No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 15 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 16094

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 4774

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

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Homer Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 16 (Specify whether years, months or days)
In this community 28 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 21
(c) City or town St. Louis,
(If outside city or town limits, write "RURAL")
(d) Street No. 1101 Glasgow
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Joe Doubley
3. (b) If veteran, name war World War-1- 3. (c) Social Security No. unk
4. Sex Male 2 5. Color or race Negro 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ollie Mae Dudley 6. (c) Age of husband or wife if alive years
7. Birth date of deceased September 26, 1891 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
50	7	26	hr. min.

9. Birthplace Ark. (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business Laborer
12. FATHER Name Calep Doubley
13. Birthplace Ala. (City, town, or county) (State or foreign country)
14. MOTHER Maiden name Georgia McKnight
15. Birthplace Ark. (City, town, or county) (State or foreign country)
16. (a) Informant Ollie Mae Doubley
(b) Address 308 Carroll St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 1, 1942 (Month) (Day) (Year)
(c) Place: burial or cremation National Cemetery
18. (a) Signature of funeral director Atkins Bros
(b) Address 3644 Finney Ave.
19. (a) JUN 1 1942 (Date received local registrar) (b) J. J. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 22, year 1942 hour 1 minute 40 P. M.
21. I hereby certify that I attended the deceased from May 6, 1942, to May 22, 1942; that I last saw him alive on May 22, 1942; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Pulmonary Tuberculosis	Unknown
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? (Specify type of place)
While at work? (e) Means of injury
23. Signature L. E. Smith (M. D. or other)
Address 2601 Wheatley Date signed 5/31/42

(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 Louis V. Atkins

Licensed Embalmer No. 2842

P. O. Address 3644 Finney

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.