

No. 2
1-4-41
-17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

22721

FILED AUG 14 1942

State File No. _____

Registration District No. _____

Primary Registration District No. 1003

Registrar's No. 6535

1. PLACE OF DEATH:
(a) County St. Louis, Mo
(b) City or town St. Louis, Mo
(c) Name of hospital or institution: 4185 Walsh St 1
(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

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 0000
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 150
(d) Street No. 4185 Walsh St (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME William H. Dooley
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced, Widowed
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive Dead years _____
7. Birth date of deceased 9-15-1866
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
75 10 16 hr. _____ min.

9. Birthplace Joliet, Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation _____

MOTHER FATHER
11. Industry or business _____
12. Name Thomas Dooley
13. Birthplace DON'T KNOW (City, town, or county) (State or foreign country)
14. Maiden name UNKNOWN
15. Birthplace UNKNOWN (City, town, or county) (State or foreign country)

16. (a) Informant MR. William Dooley

(b) Address 5201 So Kingshighway

17. (a) BURIAL (b) Date thereof 8-4-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY CEMETERY

18. (a) Signature of funeral director SULLIVAN BROS
(b) Address 2849 No Euclid Ave

19. (a) AUG 9 1942 (Date received local registration) (b) J. P. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 14 year 1942 hour 2 minute 55 P.M.
21. I hereby certify that I attended the deceased from February 3 1942 to Aug 1 1942
that I last saw him alive on Aug 1 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Esophagus.
Due to _____

Due to MI
Arteriosclerotic Heart Disease
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations none
Of autopsy none

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? _____

While at work? _____ (Specify type of place) (c) Means of injury _____

23. Signature J. P. Bredeck (M.D. or other) _____
Address Summit Blvd Bldg Date signed 8/27/42

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

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.....

Albert Mayfield

Licensed Embalmer No.....

3077

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, fact should be so stated above.