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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 29 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Michael Doyle

State File No. 13335

Registration District No. 784 | Primary Registration District No. 101 | Registrar's No. 43-174

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. MARYS (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 3 DAYS (Specify whether years, months or days)
In this community:

2. USUAL RESIDENCE OF DECEASED:
(a) State: ILLINOIS (b) County: ST CLAIR
(c) City or town: EAST ST LOUIS (If outside city or town limits, write "RURAL")
(d) Street No.: 605 N. POST PL. (If rural, give location)
(e) Citizen of foreign country? (Yes or No): 2
If yes, name country:

3. (a) PRINT FULL NAME: MICHAEL DOYLE
3. (b) If veteran, name war: NONE
3. (c) Social Security No.: NONE

4. Sex: MALE
5. Color or race: WHITE
6. (a) Single, widowed, married, divorced: MARRIED
6. (b) Name of husband or wife: JOSEPHINE BLECKER
6. (c) Age of husband or wife if alive: 60 years
7. Birth date of deceased: FEB (Month) 9 (Day) 1873 (Year)

8. AGE: Years 69 | Months 4 | Days 16 | If less than one day: hr. min.

9. Birthplace: DECATUR (City, town, or county) ILL (State or foreign country)
10. Usual occupation: DEPUTY SHERIFF
11. Industry or business:
12. Name (Father): THOS J. DOYLE
13. Birthplace (Father): IRELAND (City, town, or county) (State or foreign country)
14. Maiden name (Mother): ELLEN DELANTY
15. Birthplace (Mother): IRELAND (City, town, or county) (State or foreign country)
16. (a) Informant: Chas Burke
(b) Address: EAST ST. LOUIS ILL
17. (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof: JAN 28, 1943 (Month) (Day) (Year)
(c) Place: burial or cremation: EAST ST LOUIS ILL
18. (a) Signature of funeral director: Chas Burke
(b) Address: East St Louis Ill
19. (a) (Date received by registrar) (b) E. Sonnenschein (Registrar's signature) E.S.

JAN 28 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 25th year 1943 hour 4 minute 30 P.M.
21. I hereby certify that I attended the deceased from January 20th 1943 to January 25th 1943 that I last saw him alive on January 28th 1943 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary occlusion	10 min
Due to postoperative.	
Due to	
Other conditions (Include pregnancy within 3 months of death): carcinoma of buccal mucosa	3 mos?

Major findings:
Of operations: Same as above
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? (Specify type of place)
While at work? (e) Means of injury:

23. Signature: Charles F. Herwin (M. D. or other)
Address: 3720 Washington Date signed: 1/26/43

(Licensed Embalmer's Statement on Reverse Side)

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

26
0
0

230
1/43

JAN 29 1949

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 Chas M. Burke

Licensed Embalmer No. 2421

P. O. Address East St Louis Ill

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.