

MAR 20 1943

318

Registration District No. ....

Primary Registration District No. 1000

Registrar's No. 2320

1. PLACE OF DEATH:

(a) County .....  
 (b) City or town St. Louis  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
4122 Camellia  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution ..... (Specify whether  
 In this community 65 Years  
 years, months or days)

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. 4122 Camellia  
 (If rural, give location)  
 (e) Citizen of foreign country? 0 (Yes or No)  
 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 Face White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Catherine H. Doyle 6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased Sept. 29, 1862  
 (Month) (Day) (Year)

8. AGE: Years 80 Months 5 Days 10 If less than one day  
 hr. min.

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

10. Usual occupation Retired Motorman

11. Industry or business

12. Name Brian Doyle  
 13. Birthplace Ireland  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Mary Farrell  
 15. Birthplace Ireland  
 (City, town, or county) (State or foreign country)

16. (a) Informant John Doyle  
 (b) Address 4122 Camellia

17. (a) Burial (b) Date thereof March 11, 1943  
 (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

19. (a) MAR 10 1943 (b) J. J. Prudek  
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 9  
 year 1943 hour 1 minute 45 A.M.

21. I hereby certify that I attended the deceased from Jan. 7 - 1943  
 to March 8 - 1943  
 that I last saw him alive on March 8 - 1943  
 and that death occurred on the date and hour stated above.

Immediate cause of death myocarditis  
 Duration 10 da.

Due to .....

Due to circulation of liver; Indefinite

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations path

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) (c) Means of injury

23. Signature R. J. Prudek (M. D. or other) 0  
 Address 4128 Brentwood av. Date signed 3/9/43

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

MOTHER FATHER

**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 *Sheldon Collier*

Licensed Embalmer No. *3382*

P. O. Address.....

**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.**