

U. S. No. 2
DOM-5-42
Rev. 5-17-39
P. I. X32273

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15343

State File No.

FILED MAY 6 1943

Registration District No. 377

Primary Registration District No. 3070

Registrar's No. 897

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

1. PLACE OF DEATH:

(a) County St. 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:
17 Joy Ave.
(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 Mo. (b) County St. Louis
(c) City or town Webster Groves
(If outside city or town limits, write "RURAL")
(d) Street No. 17 Joy Avenue
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME

Dooley, Mary Elizabeth

3. (b) If veteran, name war.....

3. (c) Social Security No.....

4. Sex Fem. 5. Color or race Wh.
6. (a) Single, widowed, married, divorced, wid.
6. (b) Name of husband or wife William P. Dooley
6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased March 31 1856
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
87 0 12 hr. min.

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

10. Usual occupation At. Home

11. Industry or business

12. Name Peter Soraghan
13. Birthplace Ireland
(City, town, or county) (State or foreign country)
14. Maiden name Catherine Cahill
15. Birthplace Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant Monsignor P. J. Dooley (son)

(b) Address 17 Joy Ave. W.G.

17. (a) Burial (b) Date thereof Apr. 16-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director M. J. Croghan

(b) Address 7146 Manchester Av.

19. (a) APR 16 1943 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 13th
year 1943 hour 8 minute 10 P.M.

21. I hereby certify that I attended the deceased from May 1940 to Apr - 13 1943
that I last saw him alive on Feb 10 1943
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Coronary Heart Disease years

Due to.....
Due to.....
Other conditions.....
(Includes pregnancy within 3 months of death)

Major findings:
Of operations.....
Of autopsy.....

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)
(e) Means of injury.....
23. Signature [Signature] (M. D. or other).....
Address [Address] Date signed 4/14/43

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..... *W. W. Wilkinson*.....
Licensed Embalmer No..... *3575*.....
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.