

DEPARTMENT OF COMMERCE

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED DEC 29 1943

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **11255**

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: **LUTHERAN HOSPITAL**
(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 _____
(c) City or town **ST. LOUIS**
(If outside city or town limits, write "RURAL")
(d) Street No. **2811A CAROLINE ST.**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **ELIZABETH DOOLEY**

3. (b) If veteran, name war **NO** 3. (c) Social Security No. **NO**

4. Sex **FEMALE** 5. Color or race **WHITE** 6. (a) Single, widowed, married, divorced **MARRIED**

6. (b) Name of husband or wife **WILLIAM J. DOOLEY** 6. (c) Age of husband or wife if alive **70** years

7. Birth date of deceased **DECEMBER 12 1876**
(Month) (Day) (Year)

8. AGE: Years **67** Months **0** Days **2** If less than one day hr. _____ min. _____

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

10. Usual occupation **HOUSEKEEPER**

11. Industry or business **OWN**

12. Name **UNK. TOBIN**

13. Birthplace **IRELAND**
(City, town, or county) (State or foreign country)

14. Maiden name **CATHERINE MAHER**

15. Birthplace **IRELAND**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Wm J. Dooley**

(b) Address **2811 1/2 Caroline St.**

17. (a) **BURIAL** (b) Date thereof **DEC 16 1943**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **CALVARY CEMETER**

18. (a) Signature of funeral director **E. J. Schuur**
(b) Address **3125 Lafayette Ave**

19. (a) **DEC 16 1943** (b) **J. Bredack**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec** day **14** year **1943** hour **3** minute **40** p.m.

21. I hereby certify that I attended the deceased from **Dec 11 1943** to **Dec 14 1943**

that I last saw him _____ alive on _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death: **Hypertension 290/150**
Oedema of lungs

Duration **2 days**

Due to _____

Due to _____

Other conditions **///**
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: Of operations _____

Of autopsy _____

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 **Edmond J. Bourne** (M. D. or other) _____

Address **1504 So Grand** Date signed **12-16-43**

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 Joe B. Vollmer
Licensed Embalmer No. 4014
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.