S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

15159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 8 1944

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 22946

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6524

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Louis City Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 days (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17

(c) City or town St. Louis 0
(If outside city or town limits, write "RURAL")

(d) Street No. 3830 Kennerly Avenue, 11
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Patrick Doyle

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex male

5. Color or race white 0

6. (a) Single, widowed, married, divorced married 1

6. (b) Name of husband or wife Dorothy Doyle

6. (c) Age of husband or wife if alive 35 years

7. Birth date of deceased January 6th 1904
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
40	6	16	hr. min.

9. Birthplace St. Louis, Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Roofer

11. Industry or business Carter Carborater

FATHER
12. Name James J. Doyle
13. Birthplace Missouri 0
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Sarah Leon
15. Birthplace Missouri 0
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Dorothy Doyle-, Wife
(b) Address 3830 Kennerly Avenue

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 7/26/44
(Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Sullivan Brothers,
(b) Address 2849 North Euclid Avenue,

19. (a) JUL 25 1944 J. F. Bradeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 22nd
year 1944 hour 10 minute 05 P. M.

21. I hereby certify that I attended the deceased from July 16th, 1944, to July 22nd, 1944; that I last saw him alive on July 22nd, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Uremia

Due to Chronic glomerulo nephritis

Due to

Other conditions Hypertension cardio-vascular disease
(Include pregnancy within 3 months of death)

Major findings:
Of operations none

Of autopsy Small, granular kidneys; Pericarditis

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?
(Specify type of place)

While at work? (e) Means of injury 0

23. Signature Edward W. Gebrecht (M. D. or other)

Address 1515 Lafayette Date signed 7/23/44

(Licensed Embalmer's Statement on Reverse Side)

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 Eugene H. Bullman

Licensed Embalmer No. 2930

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.