V. S. No. 2
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ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 26184

FILED SEP 8 1944

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7439

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: St. Johns Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96
(c) City or town Jennings
(If outside city or town limits, write "RURAL")
(d) Street No. 7212 Harney Ave N.R.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME James E. Doyle

3. (b) If veteran, name war None

3. (c) Social Security No. 702-10-0933

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Valeria Doyle nee Crepps

6. (c) Age of husband or wife if alive 36 years

7. Birth date of deceased February 9, 1908 (Month) (Day) (Year)

8. AGE: Years 36 Months 6 Days 17 If less than one day hr. min.

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

10. Usual occupation Car Inspector

11. Industry or business

FATHER
12. Name Michael Doyle
13. Birthplace Unknown (City, town, or county) Alabama (State or foreign country)

MOTHER
14. Maiden name Maggie Bevill
15. Birthplace Unknown (City, town, or county) Illinois (State or foreign country)

16. (a) Informant Valeria Doyle
(b) Address 7212 Harney Ave

17. (a) ~~Burial~~ Removal (Burial, cremation, or removal) (b) Date thereof 8/29/44 (Month) (Day) (Year)
(c) Place: burial or cremation St. Johns, Collinsville, Ill.

18. (a) Signature of funeral director Math Hermann & Son
(b) Address 2161 East Fair Ave

19. (a) AUG 28 1944 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 26th year 1944 hour 4:00 AM minute M.

21. I hereby certify that I attended the deceased from Aug 21, 1944, to Aug 26, 1944; that I last saw him alive on Aug 26, 1944; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Pulmonary Edema	2 da
Due to Peritonitis, suppurative	3 da
Due to Appendicitis, acute	1 wk

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations Appendix, acute inflamed operation - 8-22-44
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature: V. B. Kiefer (M. D. or other) M.D.
Address 402 Lister Bldg Date signed 8-26-44

(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 Wilford G. Burnley

Licensed Embalmer No. 4202

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.