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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 4 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 28428

Registration District No. 317 Primary Registration District No. 3069 Registrar's No. 2116

1. PLACE OF DEATH:

(a) County St Louis

(b) City or town Richmond Heights
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Mary's Hospital O
(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 96

(c) City or town Glendale
(If outside city or town limits, write "RURAL")

(d) Street No. 1313 Green Tree Lane
(If rural, give location)

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

If yes, name country .....

3. (a) PRINT FULL NAME Edward P. Doody

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

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

4. Sex Male

5. Color or race W

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

6. (b) Name of husband or wife Lena

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

7. Birth date of deceased June (Month) 26th (Day) 1854 (Year)

8. AGE: Years 91 Months 2 Days 2 If less than one day ..... hr. ..... min.

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

10. Usual occupation Pattern Maker (Retired)

11. Industry or business .....

FATHER
12. Name Edward Doody
13. Birthplace Ireland (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unkown
15. Birthplace Ireland (City, town, or county) (State or foreign country)

16. (a) Informant Edward G. Doody

(b) Address 1313 Green Tree Lane

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/30/45 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cem.

18. (a) Signature of funeral director L. Mullen and Co

(b) Address 5165 Delmar Bl.

19. (a) 8-30-45 (Date received local registrar) (b) E. G. McGavran (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 28th year 1945 hour 12 minute 30 P.M.

21. I hereby certify that I attended the deceased from Aug 27, 1945 to Aug 28, 1945; that I last saw him alive on Aug. 28, 1945; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Auricular Fibrillation	1 wk.
Due to	
Due to 108	
Other conditions: Labor Pneumonia (Include pregnancy within 3 months of death)	4 day

Major findings:
Of operations .....
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 C. J. Vollmer (M. D. or other) 145

Address 55 W. Big Bend Date signed 8/29/45

(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. S. G. Farris

Licensed Embalmer No. 3384

P. O. Address St. Louis

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.