V. S. No. 2
00M—2-43
ev. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

39093

State File No.

FILED JAN 11 1946

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 11415

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: 4130 St Louis 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 43 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 11

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

(d) Street No. 4130 St Louis Ave (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Francis J. Dooley

3. (b) If veteran, name war no

3. (c) Social Security No. 497-03-6797

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Florence Dooley

6. (c) Age of husband or wife if alive 43 years

7. Birth date of deceased Feb (Month) 10 (Day) 1902 (Year)

8. AGE: Years 43 | Months 10 | Days 11 | If less than one day hr. min.

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

10. Usual occupation Time Keeper

11. Industry or business Wholesale Florists

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

MOTHER
14. Maiden name Katherine Stanton
15. Birthplace St Louis Mo (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Florence Dooley

(b) Address 4130 St Louis Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12 (Month) 26 (Day) 45 (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Jos A Havard

(b) Address 1619 S Grand

19. (a) DEC 27 1945 (Date received local registrar) J. F. Bradeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 21 year 1945 hour 9 30 minute P M.

21. I hereby certify that I attended the deceased from 6-1-1945 to 12-21-45 that I last saw him alive on 12-19-1945 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to O.K.

Due to

Other conditions Angina Pectoris 10 min (Include pregnancy within 3 months of death)

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

Signature Walter H Spoeneman M.D. (Name or other)

Address 1506 St Louis 12 Date signed 12-23-45

(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 Jos A Howard

Licensed Embalmer No. 4139

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.