No. 2
-1/47
-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUL 18 1947

Registration District No.

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 22179

Registrar's No. 6370

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: Homer G Phillips Hospital 0 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 days (Specify whether
In this community 20/20 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. 3065 Thomas St (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

100
17
9
0

3. (a) PRINT FULL NAME George Doolittle
3. (b) If veteran, name war no
3. (c) Social Security No. no
4. Sex Male 2
5. Color or race Col.
6. (a) Single, widowed, married, divorced Wid. 2
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased June (Month) 13th (Day) 1871 (Year)
8. AGE: Years 76 Months 0 Days 17 ● If less than one day hr. min.
9. Birthplace unk (City, town, or county) Miss (State or foreign country)
10. Usual occupation Nil
11. Industry or business
FATHER 12. Name George Doolittle
13. Birthplace unk (City, town, or county) Miss (State or foreign country)
MOTHER 14. Maiden name Rodde unk
15. Birthplace unk (City, town, or county) Miss (State or foreign country)
16. (a) Informant Queen Thompson
(b) Address 3065 Thomas St
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 7-15-47 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park
18. (a) Signature of funeral director J. H. Randle & Son
(b) Address 3133 Bell Ave
19. (a) JUL 4 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 30 year 1947 hour 3 minute A M.
21. I hereby certify that I attended the deceased from June 22, 1947, to June 30, 1947; that I last saw him alive on June 30, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Thrombosis	Undet.
Due to	
Due to	
Other conditions None (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy No

PHYSICIAN
Underline the cause of 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 Edw. R. Williams (M. D. or other)
Address 2601 N Whittier Date signed 6/30/47

Jefferson City Printing Co.

(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. J. Watson

Licensed Embalmer No. 2698

P. O. Address 2769 Chouteau

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.