S. No. 2
M—1/47
. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 3 1947

Registration District No. 6

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6076

State File No. 29878

Registrar's No. 1780

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Veterans Administration Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Since 6-15-47 (Specify whether years, months or days)
In this community 19 years

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. 1243 North Garrison
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME DOOLITTLE, Will
3. (b) If veteran, name war World I
3. (c) Social Security No. 494-24-6965
4. Sex male
5. Color or race negro
6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife none
6. (c) Age of husband or wife if alive years
7. Birth date of deceased February 9, 1893 (Month) (Day) (Year)

8. AGE: Years 54 Months 6 Days 3 If less than one day hr. min.

9. Birthplace Charleston, Mississippi (City, town, or county) (State or foreign country)
10. Usual occupation Laborer
11. Industry or business

FATHER
12. Name George Doolittle
13. Birthplace unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Betty Bradshaw
15. Birthplace Mississippi (City, town, or county) (State or foreign country)

16. (a) Informant Registrar, Vet. Adm. Hospital
(b) Address Jefferson Barracks 23, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-15-47 (Month) (Day) (Year)
(c) Place: burial or cremation Jefferson Barks National
18. (a) Signature of funeral director James H. Randle
(b) Address 3133 Bell, St. Louis, Mo.
19. (a) 8-19-47 (Date received local registrar) (b) Earl A. Sharp MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 12 year 1947 hour 7:20 minute A.M.

21. I hereby certify that I attended the deceased from June 15, 1947, 19..., to August 12, 1947, 19...; that I last saw him alive on August 12, 1947, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death ARTERIOSCLEROTIC HEART DISEASE WITH POSSIBLE MYOCARDIAL INFARCTION
Due to RECENT
Due to
Other conditions NONE (Include pregnancy within 3 months of death)
Major findings: Of operations No Operation
Of autopsy No Autopsy

Duration

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) no
(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 W. F. Rose (M. D. or other)
WILLIAM F. ROSE, M.D.
Address Vet. Adm. Hosp., Jeff. Bks., Mo. Date signed 8-12-47

(Licensed Embalmer's Statement on Reverse Side)

Jefferson City Printing Co.

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

OCT 1 1948

OCT 1 1948

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 Arthur L. Heilbrock

Licensed Embalmer No. 4221

P. O. Address 1154 Bayard ave

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.