

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH  
1003

State File No. 24226

FILED AUG 12 1948  
918

Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

Registrar's No. 6811

1. PLACE OF DEATH:

(a) County St. Louis  
 (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. Luke's Hospital  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County DCO  
 (c) City or town St. Louis 17  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 6 3017 Arlington Ave. 9  
(If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME John H. Doolittle

3. (b) If veteran, name was Spanish American No. 491-16-446  
 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male  White  
 5. Color or race White  
 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Anna Doolittle  
 6. (c) Age of husband or wife if alive 59 years  
 7. Birth date of deceased Sept. 5 1876  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>71</u>	<u>10</u>	<u>27</u>	hr. _____ min. _____

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

10. Usual occupation Care taker

11. Industry or business \_\_\_\_\_

12. Name Doolittle 9

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

14. Maiden name Doolittle 9

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

16. (a) Informant Anna Doolittle

(b) Address 3017 Arlington

17. (a) Burial (b) Date thereof Aug. 5-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cem.

18. (a) Signature of funeral director Jos. W. Clark

(b) Address 1125 Hodieman Ave.

19. (a) AUG 3 - 1948 (b) J. A. Bredeck  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 2  
 year 1948 hour 6 minute PM

21. I hereby certify that I attended the deceased from Jan 1, 1948  
Aug 2, 48  
 that I last saw him alive on Aug 1, 1948  
 and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia  
Duration 12 days

Due to Post-operative

Due to \_\_\_\_\_

Other conditions Cerebral embolus  
(Include pregnancy within 3 months of death)

Major findings: Carcinoma of left cervical lymph glands, secondary carcinoma of tongue  
 Of operations \_\_\_\_\_  
 Of autopsy NO  
 Underline 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? \_\_\_\_\_

While at work \_\_\_\_\_ (Specify type of place)  
 (b) Means of injury \_\_\_\_\_

23. Signature Emmett B. Drescher (M. D.) \_\_\_\_\_

Address 3720 Washington Blvd Date signed Aug 2, 48

WRITE PLAINLY—USE UNFADING INK

Dr. E. B. Drescher  
3720 Washington Blvd.

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.....

..... *Anthony Bonn* ....., Registered Apprentice No. *102*  
working under my personal supervision.

Signed *Alfred J. Drescher*  
.....  
Licensed Embalmer No. *2463*  
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.**