

FILED JUL 22 1948

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **24232**

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **6226**

**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. John's Hosp.**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **1 Week**  
(Specify whether)

In this community **1 Week**  
years, months or days

**2. USUAL RESIDENCE OF DECEASED:**

(a) State **Mo.** (b) County **St. Louis**

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

(d) Street No. **4412 W. Florissant Ave.**  
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country.....

**3. (a) PRINT FULL NAME** **EDWARD P. DOYLE**

3. (b) If veteran, name war **None**

3. (c) Social Security No. **2**

4. Sex **Male** 5. Color or race **White**

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

6. (b) Name of husband or wife **Elizabeth**

6. (c) Age of husband or wife if alive **75** years

7. Birth date of deceased **May 16 1868**  
(Month) (Day) (Year)

**8. AGE:**

Years	Months	Days	If less than one day
<b>80</b>	<b>1</b>	<b>26</b>	hr. min.

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

10. Usual occupation **Stock Clerk**

11. Industry or business **Landis Machine Co.**

**MOTHER FATHER**

12. Name **Patrick Doyle**

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

14. Maiden name **Mary Rooney**

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

16. (a) Informant **Elizabeth Doyle**

(b) Address **4412 W. Florissant Ave.**

17. (a) **Burial** (b) Date thereof **7-15-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary Cemetery**

18. (a) Signature of funeral director **Kriegshauser Und. Co.**

(b) Address **4228 So. Kingshighway Bl.**

19. (a) **JUL 13 1948** (b) **J. F. Bracker**  
(Date received local registration) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month **July** day **12**  
year **1948** hour **2:20** minute **P.** M.

21. I hereby certify that I attended the deceased from **July 7**, 19**48** to **July 12**, 19**48**  
that I last saw him alive on **July 7**, 19**48** and that death occurred on the date and hour stated above.

Immediate cause of death **Respiratory failure**

Due to **arterio-sclerotic arterial changes**

Due to **Diverticulitis Sigmoid**

Other conditions: **None**  
(Include pregnancy within 3 months of death)

Major findings: **None**

Of operations **None**

Of autopsy **None**

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? **No** (e) Means of injury **None**

23. Signature **Wm. McGuire** (M. D. or other) **MD**

Address **2322 N. Kingshighway** Date signed **7/13/48**

Duration

**Minutes**

**years.**

**4 months**

**PHYSICIAN**

Underline the cause of which death should be charged statistically.

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 Richard W. Stovesand

Licensed Embalmer No. 4007

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.