FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 30 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 34075

Registrar's No. 9160

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

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: Peoples Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 DAYS (Specify whether years, months or days)
In this community 7 DAYS

2. USUAL RESIDENCE OF DECEASED:
(a) State ILLINOIS (b) County MADISON
(c) City or town MADISON (If outside city or town limits, write "RURAL")
(d) Street No. 914 MADISON (If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME IDA Doyle
3. (b) If veteran, name war NONE
3. (c) Social Security No. NONE
4. Sex FEMALE
5. Color or race NEGRO
6. (a) Single, widowed, married, divorced WIDOW
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Sept (Month) 2 (Day) 1881 (Year)
8. AGE: Years 67 Months 1 Days 19 If less than one day hr. min.
9. Birthplace MADISON (City, town, or county) ILLINOIS (State or foreign country)
10. Usual occupation HOUSE WORK
11. Industry or business AT HOME
FATHER
12. Name JOHN BROWDER
13. Birthplace UNKNOWN (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name UNKNOWN
15. Birthplace UNKNOWN (City, town, or county) (State or foreign country)
16. (a) Informant Syrella Crayton
(b) Address 3238 A HAWTON, ST. LOUIS, MO.
17. (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof Oct 23 '48 (Month) (Day) (Year)
(c) Place: burial or cremation EAST ST. LOUIS, ILL.
18. (a) Signature of funeral director J. L. Marshall
(b) Address 2205 MISSOURI, EAST ST. LOUIS, ILL.
19. (a) OCT 23 1948 (Date received local registrar) (b) J. B. Lasater (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCTOBER day 21 year 1948 hour 6 minute 50 A.M.
21. I hereby certify that I attended the deceased from Oct 13, 1948 to Oct 21, 1948 that I last saw alive on Oct 20, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Nephritis, Chr	1
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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
23. Signature (M. D. or other)
Address Date signed

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 me

..... Registered Apprentice No.....,

working under my personal supervision.

Signed Thomas M. Gibson

Licensed Embalmer No. 4479

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.