

FILED MAR 16 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10364
State File No. 2134

318

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|--|--|---|--|--|--|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. _____ | | PRIMARY REG. DIST. NO. <u>1003</u> | | Registrar's No. _____ | |
| 1. PLACE OF DEATH a. COUNTY _____ | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____ | | | |
| b. CITY (If outside corporate limits, write RURAL and give town) <u>St. Louis</u> | | c. LENGTH OF STAY (in this place) _____ | | c. CITY (If outside corporate limits, write RURAL and give town) <u>St. Louis</u> | | d. STREET ADDRESS (If rural, give location) <u>5227 Highland Ave.</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>De Paul Hospital</u> | | | | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Sylvester</u> | | b. (Middle) <u>J.</u> | | c. (Last) <u>Doyle, St.</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>3/3/50</u> | |
| 5. SEX <u>Male</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | | 8. DATE OF BIRTH <u>10/17/1873</u> | |
| 9. AGE (In years last birthday) <u>76</u> | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Watchman</u> | | 11. BIRTHPLACE (State or foreign country) <u>St. Louis, Mo.</u> | | 12. CITIZEN OF WHAT COUNTRY? _____ | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Watchman</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Con P. Curran Co.</u> | | 11. BIRTHPLACE (State or foreign country) <u>St. Louis, Mo.</u> | | 12. CITIZEN OF WHAT COUNTRY? _____ | |
| 13a. FATHER'S NAME <u>Louis Doyle</u> | | 13b. MOTHER'S MAIDEN NAME <u>Unknown</u> | | 14. NAME OF HUSBAND OR WIFE <u>Mary L. Doyle</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | | 16. SOCIAL SECURITY NO. _____ | | 17. INFORMANT'S SIGNATURE OR NAME <u>Mary L. Doyle 5227 Highland</u> ADDRESS _____ | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Ch. Hypertension with Coronary Disease</u> ANTECEDENT CAUSES <u>Ch. Hypertension Heart Disease</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Arteriosclerosis</u> Conditions contributing to the death but not related to the disease or condition causing death. <u>Chronic</u> | | | | INTERVAL BETWEEN ONSET AND DEATH _____ | |
| 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION _____ | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____ | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>HH SX</u> | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? _____ | | | |
| 22. I hereby certify that I attended the deceased from <u>Jan 1949</u> , to <u>March 3, 1950</u> , that I last saw the deceased alive on <u>March 3, 1950</u> , and that death occurred at <u>1:30 p. m.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <u>Bergene Kohler M.D.</u> (Degree or title) _____ | | | | 23b. ADDRESS <u>4968 Delmar Blvd</u> | | 23c. DATE SIGNED <u>3/4/50</u> | |
| 24a. BURIAL CREMATION REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>3/7/50</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u> | |
| DATE REC'D BY LOCAL REG. <u>MAR 6 1950</u> | | REGISTRAR'S SIGNATURE <u>J. B. Sauter</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Sullivan Funeral Dir.</u> ADDRESS <u>2849 Euclid</u> | | | |

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

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 _____

working under my personal supervision.

Student Embalmer No.

Signed _____

Robert L. Brinkman

Signed.....

Student Embalmer

Licensed Embalmer No. 3553

P. O. Address St. Louis

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.