

2940

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

BIRTH NO. <u>124</u>		REG. DIST. NO. <u>316</u>		PRIMARY REG. DIST. NO. <u>6075</u>		Registrar's No. <u>311</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Francois</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Farmington</u> <u>St. Francois</u>)		c. LENGTH OF STAY (in this place) <u>17 Yr 8Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Webster Groves</u>		4367	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>State Hospital No. 4</u>				d. STREET ADDRESS (If rural, give location) <u>7307 Nottingham Avenue</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>MARGARET</u>			b. (Middle)			c. (Last) <u>DOYLE</u>	
5. SEX <u>Female</u>			6. COLOR OR RACE <u>White</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>September 4, 1950</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>			8. DATE OF BIRTH <u>July 19, 1895</u>		9. AGE (In years last birthday) <u>55</u>		10. UNDER 1 YEAR Months <u>1</u> Days <u>15</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Tennessee</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>William H. Brinkley</u>			13b. MOTHER'S MAIDEN NAME <u>Mary H. Overton</u>			14. NAME OF HUSBAND OR WIFE <u>Frank 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. <u>Unknown</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Records, State Hospital No. 4, Farmington, Mo.</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>Carcinoma of lungs</u>					INTERVAL BETWEEN ONSET AND DEATH <u>Abt. 4 mos.</u>
		ANTECEDENT CAUSES DUE TO (b) <u>Unknown</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c)					163x
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Epilepsy with psychosis</u>					At least 17 Yrs.
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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>Nov. 1, 1949</u> , to <u>Sept. 4, 1950</u> , that I last saw the deceased alive on <u>Sept. 4, 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>[Signature]</u> (Degree or title)				23b. ADDRESS <u>Farmington, State Hospital No. 4, Mo.</u>		23c. DATE SIGNED <u>9-14-50</u>	
24a. BURIAL, CREMATION REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Sept. 8, 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Anat. Dept. Washington U.</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>Sept 21, 1950</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>Cozean Funeral Home, Farmington, Missouri</u>			

File No. _____
DISTRICT HEALTH OFFICE No. 4

SEP 23 1950

RECEIVED

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.

not embalmed

Signed _____
Student Embalmer

taken to Washington U.

Student Embalmer No.

C. Hozean

Signed _____

Licensed Embalmer No. *4084*

P. O. Address *Farmington, N.H.*

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.