

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

2480

FILED FEB 6 1951

State File No. 801
 Registrar's No. 801

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. 801		Registrar's No. 801	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY _____					
b. CITY (If outside corporate limits, write RURAL and give OR TOWN ST. LOUIS,			c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give OR TOWN ST. LOUIS,			2079	
d. FULL NAME OF HOSPITAL OR INSTITUTION FIRMIN DESLOGE HOSPITAL				7. d. STREET ADDRESS (If rural, give location) 4313 SHREVE AVE					
3. NAME OF DECEASED (Type or Print) DOROTHY		a. (First)		b. (Middle)		c. (Last) DOYLE		4. DATE OF DEATH (Month) 1/24/51 (Day) (Year)	
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) DIVORCED		8. DATE OF BIRTH 9/6/1912		9. AGE (In years last birthday) 38	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) ST. LOUIS, MISSOURI			12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME HARRY FUQUA			13b. MOTHER'S MAIDEN NAME FRANCES NACK			14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO			16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME MRS. FRANCES DOYLE ADDRESS 1011 IRMA AVE				
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumothorax (Left) ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Pulmonary Tuberculosis DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH 21 years 22 "	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____						20. AUTOPSY? YES <input checked="" 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) _____					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? DD 2X					
22. I hereby certify that I attended the deceased from 10-21, 1950 to 1-24, 1951 , that I last saw the deceased alive on 1-23, 1951 , and that death occurred at 4:30 A.M. , from the causes and on the date stated above.									
23a. SIGNATURE Paul Umphrey (Degree or title) M.D.				23b. ADDRESS 508 N Grand				23c. DATE SIGNED 1-25-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 1/27/51		24c. NAME OF CEMETERY OR CREMATORY CALVARY CEMETERY		24d. LOCATION (City, town, or county) (State) ST. LOUIS, MISSOURI			
DATE REC'D BY LOCAL REG. JAN 25 1951		REGISTRAR'S SIGNATURE J B Carter			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS STROOT - CARROLL 4600 NATURAL BRIDGE AVE				

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

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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, *Bernard Hoffman*

Signed.....
Student Embalmer

Licensed Embalmer No. *4366*

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.