

No. 300  
10.48  
Dr. Arnold Klein 2632 S. Kingshighway  
IA 7475

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

FILED MAY 19 1952

STANDARD CERTIFICATE OF DEATH

State File No. 17920

BIRTH NO. 17162 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 4066

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town) <b>St. Louis</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>	
c. LENGTH OF STAY (in this place)		2079	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Lutheran Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>6401 East Court</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Kerry</b>	b. (Middle) <b>Wood</b>	c. (Last) <b>Doyle</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>4-29-1952</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED. (Specify) <b>Single</b>	8. DATE OF BIRTH <b>2-24-1952</b>	9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 2 HRS. Hours Min. <b>2 5</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Nil</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Merrill W. Doyle Jr</b>	13b. MOTHER'S MAIDEN NAME <b>Leole Wilhardt</b>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Merrill W. Doyle Jr</b>	ADDRESS <b>6401 E. Court</b>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Spina bifida</b>		INTERVAL BETWEEN ONSET AND DEATH <b>Five to 10</b>
	MEDICAL CERTIFICATION		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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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? <b>751X</b>
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22. I hereby certify that I attended the deceased from **2-24**, 19**52**, to **4-28**, 19**52**, that I last saw the deceased alive on **4-28**, 19**52**, and that death occurred at **12:45 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Dr. A. Klein</b>	(Degree or title) <b>MD</b>	23b. ADDRESS <b>2632 S Kingshighway</b>	23c. DATE SIGNED <b>4-30-52</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>4-31-1952</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Our Redeemer Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>McKenzie Road Affton Mo Mo</b>
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DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <b>APR 30 1952</b> <b>J. C. Smith</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>M. J. Ziegenfuss</b>	ADDRESS <b>6409 Gravois Ave</b>
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(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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....  
Student Embalmer

Signed.....  
*Yan M. Simon*

Licensed Embalmer No.....  
*4343*

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.