

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40142**

FILED DEC 12 1952		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 10709			
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE				b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis Mo.		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis Mo.		2079			
d. FULL NAME OF HOSPITAL OR INSTITUTION 5233 Robin ave.				d. STREET ADDRESS (If rural, give location) 5233 Robin ave.				0	
3. NAME OF DECEASED (Type or Print)			a. (First) Andrew		b. (Middle) J		c. (Last) Doyle		
4. DATE OF DEATH		(Month) (Day) (Year)		11-20-1952					
5. SEX Male 0		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow		8. DATE OF BIRTH Nov 14 1865		9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 12 Hrs. Min. 87	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired machinist			10b. KIND OF BUSINESS OR INDUSTRY Machinist			11. BIRTHPLACE (State or foreign country) St. Louis Mo.		12. CITIZEN OF WHAT COUNTRY? 0	
13a. FATHER'S NAME James Doyle			13b. MOTHER'S MAIDEN NAME Mary Brennan			14. NAME OF HUSBAND OR WIFE Elizabeth			
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 ADDRESS James A Doyle 5233 Robin 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arterio Sclerosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Mitral Stenosis DUE TO (c) Chronic nephritis II. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to the death but not related to the disease or condition causing death. Cystitis Senility						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)					
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? 592X					
22. I hereby certify that I attended the deceased from Jan. 1927 to Nov 19, 1952 , that I last saw the deceased alive on Nov 20, 1952 , and that death occurred at 10:45 a.m. from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) D. F. Striegel			23b. ADDRESS M.D. 1875 Madison			23c. DATE SIGNED Nov 20, 1952			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 11-22-52		24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis Mo.			
DATE REC'D BY LOCAL REG. NOV 21 1952		REGISTRAR'S SIGNATURE J. Carl Smith, M.D.			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Sullivan 2849 N. Euclid ave.				

(Licensed Embalmer's Statement on Reverse Side)

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

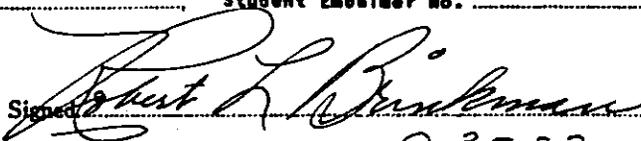
STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed 

Licensed Embalmer No. 3563

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.