

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

LED JAN 28 1953

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 0146

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST LOUIS</u> <u>2169</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>LITTLE SISTERS OF POOR</u>		d. STREET ADDRESS (If rural, give location) <u>16 3400 So GRAND BL.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>JOSEPH</u> b. (Middle) <u>EDWARD</u> c. (Last) <u>DOYLE</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>JAN 6 1953</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWER</u>	8. DATE OF BIRTH <u>MAR. 6, 1868</u>
9. AGE (In years last birthday) <u>84</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>BLDG CONTRACTOR</u>	
10b. KIND OF BUSINESS OR INDUSTRY <u>RETIRED</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Mo</u>	
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME <u>JOHN DOYLE</u>	
13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>		14. NAME OF HUSBAND OR WIFE <u>MARY</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME <u>Mr Murray Pantwell</u>		ADDRESS <u>5149 Westminster</u>	
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>Arterio Sclerosis General</u> INTERVAL BETWEEN ONSET AND DEATH <u>3 yrs</u> ANTECEDENT CAUSES <u>Cardiac Failure</u> DUE TO (b) DUE TO (c) 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 <u>4500</u>	
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)		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>10:50 to Jan 6, 1953</u> , that I last saw the deceased alive on <u>Jan 6, 1953</u> , and that death occurred at <u>6:00 p.m.</u> , from the causes and on the date stated above.	
23a. SIGNATURE <u>Chas P. Rudy</u>		23b. ADDRESS <u>607 No Grand</u>	
23c. DATE SIGNED <u>1/7/53</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	
24b. DATE <u>JAN 8 - 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>CALVARY CEM.</u>	
24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>L. MULLEN</u>	
25. ADDRESS <u>5165 DELMAR BL</u>		DATE REC'D BY LOCAL REG. <u>JAN 7 1953</u>	
REGISTRAR'S SIGNATURE <u>J. Carl Smith</u>		26. ADDRESS	

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 *[Handwritten Signature]*

Licensed Embalmer No. 4366

P. O. Address *[Handwritten Address]*

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.