No. 300
10-48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 6107
Registrar's No. 0886

BIRTH NO. FILED MAR 4 1954 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) ST. LOUIS, MISSOURI
c. LENGTH OF STAY (in this place) 1 MONTH
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) ST. LOUIS CITY HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MISSOURI
b. COUNTY
c. CITY OR TOWN ST LOUIS
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location) Infirmary Hospital 5800 Arsenal 2139

3. NAME OF DECEASED (Type or Print)
a. (First) NELLIE
b. (Middle)
c. (Last) DOYLE

4. DATE OF DEATH (Month) (Day) (Year) JANUARY 27, 1954

5. SEX FEMALE
6. COLOR OR RACE WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED
8. DATE OF BIRTH MARCH ? 1878
9. AGE (In years last birthday) 75 — IF UNDER 1 YEAR: Months, Days — IF UNDER 1 HR.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CLERK
10b. KIND OF BUSINESS OR INDUSTRY CITY INFIRMERY
11. BIRTHPLACE (City and State or Foreign Country) ST. LOUIS Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME JOHN DOYLE
13b. MOTHER'S MAIDEN NAME DELIA LYONS
14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT'S SIGNATURE OR NAME Mrs Kate Doyle — **ADDRESS** RR2 Box 294 Crave Coeur Mo

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) Pneumonia Lobar. — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Fracture Lt Femur.
DUE TO (c) Upper Gastrointestinal bleeding.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Fell at Infirmary Hosp

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION Dec 26, 1953.
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT, SUICIDE, HOMICIDE (Specify) ~~[illegible]~~
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Infirmary
21c. (CITY, TOWN, OR TOWNSHIP) St Louis — (COUNTY) — (STATE) Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Dec 26 53 11 p.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? E904.7

22. *I hereby certify that I attended the deceased from* 12-26-53, 19___, *to* 1-27-54, 19___, *that I last saw the deceased alive on* 1-27-54, 19___, *and that death occurred at* 5:50A *m., from the causes and on the date stated above.*

23a. SIGNATURE John T. Leahy — (Degree or title) MD
23b. ADDRESS 1515 Lafayette Avenue
23c. DATE SIGNED 1-27-54

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
24b. DATE JAN. 30, 1954
24c. NAME OF CEMETERY OR CREMATORY CALVARY
24d. LOCATION (City, town, or county) ST LOUIS — (State) Mo

DATE REC'D BY LOCAL REG. JAN 28 1954
REGISTRAR'S SIGNATURE J. Earl Smith MD
25. FUNERAL DIRECTOR'S SIGNATURE Cullen O'Kelly — ADDRESS 4386 LINDELL BLVD.

(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 emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed James A. Lemm

Licensed Embalmer No. 41

P. O. Address St Lou

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.