

FILED JUN 24 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **20397**
Registrar's No. **4460**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY 2109	
b. CITY OR TOWN ST LOUIS 0		c. CITY OR TOWN ST. LOUIS	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place)		e. STREET ADDRESS (If rural, give location) 10 FAIRGROUNDS HOTEL 3644 Natural	
d. FULL NAME OF HOSPITAL OR INSTITUTION FAIRGROUNDS HOTEL			

3. NAME OF DECEASED (Type or Print) a. (First) JAMES b. (Middle) JOSEPH c. (Last) DOOLEY			4. DATE OF DEATH (Month) (Day) (Year) MAY 17, 1954		
5. SEX MALE 0	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 10/20 1879	9. AGE (In years last birthday) 74	IF UNDER 1 YEAR Months Days IF UNDER 2 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED RAILROAD MAN		10b. KIND OF BUSINESS OR INDUSTRY T. R. R. A.	11. BIRTHPLACE (City and State or Foreign Country) ST. LOUIS MISSOURI 0		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME PATRICK DOOLEY		13b. MOTHER'S MAIDEN NAME MARY WALSH		14. NAME OF HUSBAND OR WIFE LILLIAN GERTRUDE DOOLEY	
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 LILLIAN GERTRUDE DOOLEY 3644 NATURAL BRIDGE	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Rectum		INTERVAL BETWEEN ONSET AND DEATH 6 mo.	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES			
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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 Carcinoma of Rectum c Metastasis		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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 154 X	

22. I hereby certify that I attended the deceased from **3/27 1954** to **5/17 1954**, that I last saw the deceased alive on **5/17/54** and that death occurred at **5:00 p m.**, from the causes and on the date stated above.

22a. SIGNATURE (Degree or title) Benjamin Houston M.D.		22b. ADDRESS 106 So. Central		22c. DATE SIGNED 5/18/54	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 5/20/54		24c. NAME OF CEMETERY OR CREMATORY CALVARY CEMETERY	
		24d. LOCATION (City, town, or county) (State) ST. LOUIS MISSOURI			

DATE REC'D BY LOCAL REG. MAY 18 1954		REGISTRAR'S SIGNATURE J. Carl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS STROOT - CARROLL 4600 NATURAL BRIDGE AVE	
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

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.....
Signature of Student Embalmer

Signed *M. W. Ruster*.....

Licensed Embalmer No. *486*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.