No. 300
10.48

# THE DIVISION OF HEALTH OF MISSOURI
## STANDARD CERTIFICATE OF DEATH

State File No. 13264

BIRTH NO. FILED APR 27 1955 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 2940

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

**1. PLACE OF DEATH**
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ST. LOUIS
c. LENGTH OF STAY (in this place): 2 WEEKS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): DE PAUL HOSPITAL

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: ST. LOUIS
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ROCK HILL 4631
d. STREET ADDRESS (If rural, give location): 9212 MERRITT AV.

**3. NAME OF DECEASED** (Type or Print)
a. (First): COE
b. (Middle): D.
c. (Last): DOYLE

**4. DATE OF DEATH** (Month) (Day) (Year): MAR 30, 1955

**5. SEX**: MALE
**6. COLOR OR RACE**: WHITE
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): MARRIED
**8. DATE OF BIRTH**: OCT 16, 1903
**9. AGE** (In years last birthday): 51 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): CARPENTER
**10b. KIND OF BUSINESS OR INDUSTRY**: BUILDING CONSTRUCTION
**11. BIRTHPLACE** (State or foreign country): KIRKWOOD, MISSOURI
**12. CITIZEN OF WHAT COUNTRY?**: U.S.

**13a. FATHER'S NAME**: WILLIAM DOYLE
**13b. MOTHER'S MAIDEN NAME**: MOLLY NULL
**14. NAME OF HUSBAND OR WIFE**: CHARLOTTE DOYLE

**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.**: 486-16-6948
**17. INFORMANT'S SIGNATURE OR NAME**: CHARLOTTE DOYLE (WIDOW) — ADDRESS: 9212 MERRITT AV.

**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): Congestive Heart Failure — INTERVAL BETWEEN ONSET AND DEATH: 3 mo

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Rheumatic + atherosclerotic heart disease
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**
**20. AUTOPSY?** YES [X] NO [ ]

**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 [ ] NOT WHILE AT WORK [ ]
**21f. HOW DID INJURY OCCUR?**

4200

22. *I hereby certify that I attended the deceased from* Nov. 1, 1948, *to* Mar. 30, 1955, *that I last saw the deceased alive on* Mar. 30, 1955, *and that death occurred at* 4 P. m., *from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): [signature] M.D.
**23b. ADDRESS**: 539 N. Grand Bl. St. Louis Mo.
**23c. DATE SIGNED**: 3/31/55

**24a. BURIAL, CREMATION, REMOVAL** (Specify): BURIAL
**24b. DATE**: APR 2, 1955
**24c. NAME OF CEMETERY OR CREMATORY**: ST. MATTHEWS
**24d. LOCATION** (City, town, or county): ST. LOUIS MO.
(State)

**DATE REC'D BY LOCAL REG.**: APR 1 1955
**REGISTRAR'S SIGNATURE**: J Earl Smith MD
**25. FUNERAL DIRECTOR'S SIGNATURE**: M J Croghan — ADDRESS: 7146 MANCHESTER AV. ST LOUIS 17 MO —

(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.....

....., Student Embalmer No. .....

working under my personal supervision.

Student .....
Student Embalmer

Signed Ronald O Yohke

Licensed Embalmer No. 3917

P. O. Address St Louis

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.