

FILED JUN 3 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16595

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 4414

1. PLACE OF DEATH a. COUNTY <u>St. Louis, Mo.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Dellwood, Mo.</u>	
c. LENGTH OF STAY (In this place) <u>2 days</u>		d. STREET ADDRESS (If rural, give location) <u>9712 Dennis Drive</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>De Paul Hosp.</u>			

3. NAME OF DECEASED (Type or Print) <u>James A. Doyle III</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 18 1955</u>		
a. (First)	b. (Middle)		c. (Last)		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. (MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)) <u>SINGLE</u>	8. DATE OF BIRTH <u>May 16th, 1955</u>		9. AGE (In years last birthday) <u>2</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>James A. Doyle</u>		13b. MOTHER'S MAIDEN NAME <u>Marilyn Stolz</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Sgt James Doyle 9712 Dennis Dr.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>atelectasis of the lungs</u>		DUE TO (b) <u>Premature (7 mos.)</u>			
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		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 <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? <u>7625</u>	

22. I hereby certify that I attended the deceased from May 16th, 1955, to May 18th, 1955, that I last saw the deceased alive on May 18th, 1955, and that death occurred at 2 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>DePaul</u>		23b. ADDRESS <u>M. L. De Paul Hospital</u>		23c. DATE SIGNED <u>5-18-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>5/20/55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cem.</u>	
				24d. LOCATION (City, town, or county) (State) <u>St. Louis County Mo.</u>	

DATE REC'D BY LOCAL REG. <u>MAY 19 1955</u>		REGISTRAR'S SIGNATURE <u>J. Earl Smith M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Buchholz Mortuary 5967W. Florissant</u>	
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6 (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 _____

working under my personal supervision.

Student
Student Embalmer

Student Embalmer No. _____

Signed *Not Embalmed*
Walter J. Bruchsky

Licensed Embalmer No. *4554*

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.