

FILED JAN 29 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44809

STATE FILE NUMBER
11478

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MISSOURI		"Inside Limits" Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN St. Louis		"Inside Limits" Yes <input type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. LOUIS CITY HOSPITAL			Length of stay in 1b 1.		d. STREET ADDRESS (If outside, give location) 209 Russell		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type of print) First MERRITT Middle WESLEY Last DOYLE			4. DATE OF DEATH Month DECEMBER Day 13 Year 1956					
5. SEX male	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Dec. 7-1879	9. AGE (In years last birthday) 77	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Mount Vernon, Illinois		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Clay Doyle			14. MOTHER'S MAIDEN NAME Sarah Weber					
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. —		17. INFORMANT Donald Doyle Address 209 Russell, St. Louis, Mo				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) SEPTILEMIA							INTERVAL BETWEEN ONSET AND DEATH	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) PYELODEPHRITIS - UREMIA						
		DUE TO (c) BLADDER NECK OBSTRUCTION						
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 3	
20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) 606x					
20c. TIME OF INJURY Hour, Month, Day, Year a. m. p. m.								
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE
21. I attended the deceased from 11/27/56 to 12/13/56 and last saw her/him alive on 12/13/56 Death occurred at 10:20 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE N.A. Kabalin, M.D. (Degree or title)			22b. ADDRESS 1515 LAFAYETTE A.B.		22c. DATE SIGNED 12/13/56.			
23a. BURIAL, CREMATION, or other disposition of body removal	23b. DATE 12-14-56	23c. NAME OF CEMETERY OR CREMATORY Farmington, Mo.			23d. LOCATION (City, town, or county) (State)			
24. FUNERAL DIRECTOR Cozean, Farmington, Mo. ADDRESS			25. DATE REC'D. BY LOCAL REG. DEC 14 1956		26. REGISTRAR'S SIGNATURE J. Carl Smith, M.D. S.P.			

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE. Coroner cannot certify to a death due to natural causes. diseases in Part I must be causally related.

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..... *Homer J. [Signature]*

Licensed Embalmer No. 3

P. O. Address..... 7

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.