URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS NOV 3 1960

60-039679
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10369

NDED

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis
Length of stay in this place: 9 months 7 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Chronic Hospital
Inside Limits: Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission)
a. STATE: Missouri b. COUNTY
c. CITY OR TOWN: St. Louis
Inside Limits: Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location): 3400 S. Grand
Reside on Farm: Yes ☐ No ☑

3. NAME OF DECEASED (Type or print): First: John Middle: Francis Last: Dooley

4. DATE OF DEATH: Month 10 Day 24 Year 60

5. SEX: Male

6. COLOR OR RACE: White

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH: 10-21-84

9. AGE (last birthday): 76 yrs.

IF UNDER 1 YEAR: Months ___ Days ___ IF UNDER 24 HR: Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Railroad employee

10b. KIND OF BUSINESS OR INDUSTRY: retired

11. BIRTHPLACE (City and state or country): St. Louis, Mo.

12. CITIZEN OF WHAT COUNTRY: U. S. A.

13a. FATHER'S NAME: Lawrence Dooley

13b. MOTHER'S MAIDEN NAME: Rose Scully

14. NAME OF HUSBAND OR WIFE: Jessie Miles

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.: 492-22-1655

17. INFORMANT: Joseph J. Dickman Address: 4661 Delor St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Adenocarcinoma of Sigmoid
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Colon with metastasis
DUE TO (c) 153.3
INTERVAL BETWEEN ONSET AND DEATH: 11 mo.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 Jan. 18, 1960, to Oct. 24, 1960 and last saw ~~her~~ him alive on 10-24-60

Death occurred at 11:55 p. m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): George M. Finska, M.D.

22b. ADDRESS: 5600 Arsenal

22c. DATE SIGNED: 10/25/60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 10/27/1960

23c. NAME OF CEMETERY OR CREMATORY: Calvary Cemetery

23d. LOCATION (City, town, or county) (State): St. Louis, Missouri

24. FUNERAL DIRECTOR: Gebken Sons ADDRESS: 2630 Gravois Ave.

25. DATE RECD. BY LOCAL REG.: OCT 26 1960

26. REGISTRAR'S SIGNATURE: Earl Smith, M.D.

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Robert F. Gebke
Signature of Student Embalmer

Licensed Embalmer No. 4145

P. O. Address 2630

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co
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.