URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

60-039685

FILED VS NOV 3 1960

NDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10384

STATE FILE NUMBER

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Mo.
Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2914 Accomac St.
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) 2914 Accomac St.
Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: William Middle: M. Last: Doyle

4. DATE OF DEATH Month: October Day: 25 Year: 1960

5. SEX: Male

6. COLOR OR RACE: White

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 9/22/1902

9. AGE (last birthday): 58

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)

10b. KIND OF BUSINESS OR INDUSTRY

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

12. CITIZEN OF WHAT COUNTRY: U.S.

13a. FATHER'S NAME: Hugh Doyle

13b. MOTHER'S MAIDEN NAME: Mary Jane Dillon

14. NAME OF HUSBAND OR WIFE: Lillian Doyle

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): W.W. 1

16. SOCIAL SECURITY NO.: —

17. INFORMANT: Lillian Doyle Address: 2914 Accomac 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) Metastatic carcinoma of colon. Acute pyelonephritis
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
153.8
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH

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 4-14-1959 to 10-25-1960 and last saw her/him alive on 10-18-1960

Death occurred at 2914 Accomac m on the date stated above, and to the best of my knowledge, from the causes stated.

22. SIGNATURE (Degree or title) Leon J. Bernard M.D.

22b. ADDRESS 3489 N. Union, St. Louis

22c. DATE SIGNED 10/26/60

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

23b. DATE: 10/28/1960

23c. NAME OF CEMETERY OR CREMATORY: Calvary Cemetery

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

24. FUNERAL DIRECTOR: Morrell Mortuary ADDRESS: 3710 North Grand

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

26. REGISTRAR'S SIGNATURE: Hoard 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 Herbert J. Gau Jr.

Signature of Student Embalmer

Licensed Embalmer No. 4800

P. O. Address Kirkwood

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