

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

32723

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1008**
City **St Louis mo.** (No. **4629**, **St Louis ave**) St. _____ Ward _____

File No. _____
Registered No. **9584**
St. _____ Ward _____

2. FULL NAME

George E. Daugherty
(a) Residence, No. **4629 St Louis ave**, St. **791** Ward. _____
(Usual place of abode) _____

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male	4. COLOR OR RACE white	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Georgeanna Daugherty		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7-28-1880		
7. AGE	YEARS 51	MONTHS 1
	DAYS 12	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Paper Hanger	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year) 12-13-1930	11. Total time (years) spent in this occupation 10 yrs.
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio		
FATHER	13. NAME Lee Daugherty	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio	
MOTHER	15. Maiden Name Christine Daugherty	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio	
17. INFORMANT (ADDRESS) Georgeanna Daugherty 4629 St Louis Ave		
18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park DATE 9-12-31		
19. UNDERTAKER (ADDRESS) Ms Rauhlin 1421 1/2 ave		
20. FILED 12-15-31 Ray Starken Registrar		

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **9-10-31**

22. I HEREBY CERTIFY, That I attended deceased from **Jan 1 1929** to **9-10-31**
I last saw him alive on **9-10-31** 19**31**. Death is said to have occurred on the date stated above, at **3:10 p.m.**
The principal cause of death and related causes of importance were as follows:
Chr. Myocarditis
Chr. Endocarditis
Chr. Nephritis
Date of onset _____

Other contributory causes of importance:
131

Name of operation _____ Date of _____
What test confirmed diagnosis? **Phy. exam** Was there an autopsy? **No**

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? **No**
If so, specify _____
(Signed) **E. A. Lauseha**, M. D.
(Address) **4885 Natural Bridge**

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

4885 N. Bridge