DEC 20 1938

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

Do not use this space.

44523

1. PLACE OF DEATH
County St Louis 2 Registration District No. 784 File No.
Township Primary Registration District No. 117 Registered No. 2081
City Webster Groves (Ward)

2. FULL NAME Lewis Russell Dougherty
(a) Residence, No. 537 Marshal St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. 2 mos. ds. How long in U. S., if of foreign birth? 58 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 Bertha Dougherty
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 12 - 1856
7. AGE YEARS 82 MONTHS 1 DAYS 8 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Merchant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Stove Self Owned
10. Date deceased last worked at this occupation (month and year) Dec. 1925
11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Canada

FATHER
13. NAME Frances Dougherty
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Canada

MOTHER
15. MAIDEN NAME Diana Craswell
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Canada

17. INFORMANT (ADDRESS) L Dougherty Webster Groves, Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE Pacific, Mo DATE Dec. 23, 1938
19. UNDERTAKER (ADDRESS) Jno. L. Trebes Pacific, Mo
20. FILED DEC 20 1938 T. R. Meyer M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 20, 1938
22. I HEREBY CERTIFY, That I attended deceased from Dec, 1937, to Dec 19, 1938
I last saw him alive on Dec 19, 1938. Death is said to have occurred on the date stated above, at 8 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute myocarditis	12/18/38
94	
Other contributory causes of importance:	
Coronary occlusion	12/20/38

Name of operation Date of
What test confirmed diagnosis Physical 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) H H Helbing, M. D.
(Address) 4963 Fountain Ave

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.

WHITE PLAINLY, WITH UNFADING INDUSTRIES IS A PERMANENT RECORD

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