

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.

Registration District No. 791
1002

Primary Registration District No. _____

1. PLACE OF DEATH: 2
(a) County _____
(b) City or town St. Louis
(c) Name of hospital or institution: 2355 Louisiana
(d) Length of stay: In hospital or institution _____
In this community _____
years, months or days

3. (a) PRINT FULL NAME Blanch Daugherty 263
8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Lester Daugherty 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Dec 10 1895
(Month) (Day) (Year)

8. AGE: Years 44 Months 0 Days 6 If less than one day _____ hr. _____ min.

9. Birthplace Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business _____
12. Name Geo Tomlinson
13. Birthplace Penn.
(City, town, or county) (State or foreign country)
14. Maiden name Lena Albertz
15. Birthplace Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs Lena Tomlinson
(b) Address 2355 Louisiana

17. (a) Burial (b) Date thereof 12/19/39
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Chaffee Mo.

18. (a) Signature of funeral director [Signature]
(b) Address 3125 Lafayette Ave

19. (a) Dec 18 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 1
(a) State Missouri (b) County _____
(c) City or town St. Louis
(d) Street No. 2355 Louisiana
(e) If foreign born, how long in U. S. A. _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 16
year 1939 hour 8:10 minute P M.
21. I hereby certify that I attended the deceased from Dec 11th
1939 to Dec 16th 1939;
that I last saw her alive on Dec 16th 1939;
and that death occurred on the date and hour stated above.

Immediate cause of death Broncho-pneumonia Duration 6 days
Due to _____
Due to _____
Other conditions 107a
(Include pregnancy within 3 months of death)

Major findings: [Signature]
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) _____
(a) Means of injury _____
Signature [Signature] (M. D. or other) _____
Address 1514 So Jefferson Ave Date signed _____

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Joseph B. Hollman

Licensed Embalmer No. *4014*

P. O. Address *3125 Lafayette*

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 this body is not embalmed, above space should be left blank.