

FILED MAR 7 1940

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

8212

State File No. _____
Registrar's No. 391 1888

Registration District No. 284 Primary Registration District No. 117

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Webster Groves
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
537 Marshall Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days)

8. (a) PRINT FULL NAME Mrs Bertha Dougherty 21.3

3. (b) If veteran, name war No. 8. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Lewis 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Oct. 29 1863
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
76 3 24 _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Bernard Langenbacker

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Christina Maute

15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Guy Peters

(b) Address 537 Marshall Ave.

17. (a) Burial (b) Date thereof 2-26-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pacific, Mo.

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Ave.

19. (a) FEB 24 1940 (Date received local registrar)
[Signature] (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town Webster Groves
(If outside city or town limits, write "RURAL")

(d) Street No. 537 Marshall Ave.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 23
year 1940 hour One minute thirty M.

21. I hereby certify that I attended the deceased from Jan 10, 1939, to Feb 23, 1940;

that I last saw her alive on Feb 23 1940, 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Hemorrhage - hypertensive
Chronic Nephritis . Pneumonia

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 121

Major findings: Of operations _____

Of autopsy No

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? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature [Signature] (M. D. or other) 1

Address 230th Collinsville Road St. Louis Date signed 2-23-40

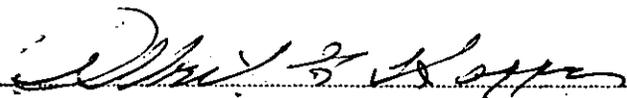
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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: .....

Licensed Embalmer No. 2971.....

P. O. Address.....

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.