No. 2
11-10-39
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
# STANDARD CERTIFICATE OF DEATH

State File No. 37281

Registration District No. 7911 Primary Registration District No. 1003 Registrar's No. 9554

FILED DEC 7 1940

**1. PLACE OF DEATH:**
(a) County
(b) City or town ST. LOUIS 1
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: FIRMIN DESLOGE
(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)
In this community

**2. USUAL RESIDENCE OF DECEASED:**
(a) State MISSOURI (b) County
(c) City or town ST. LOUIS 23
(If outside city or town limits write "RURAL")
(d) Street No. 2710 HENRIETTA ST.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME ELLA DORA DOUGHERTY
3. (b) If veteran, name war NO
3. (c) Social Security No. NO
4. Sex FEMALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced WIDOW
6. (b) Name of husband or wife JAMES DOUGHERTY
6. (c) Age of husband or wife if alive
7. Birth date of deceased MARCH (Month) 14 (Day) 1868 (Year)

8. AGE: Years 72 Months 8 Days 5 If less than one day hr. min.

9. Birthplace ST. LOUIS (City, town, or county) MO. (State or foreign country)
10. Usual occupation HOUSEWORK
11. Industry or business OWN
FATHER 12. Name JOHN PELLOM
13. Birthplace (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name PIMELLA KESTERSON
15. Birthplace (City, town, or county) K. (State or foreign country)
16. (a) Informant Jeanette Bridges
(b) Address 2710 Henrietta St
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof NOV 22 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director E. J. Schmuse
(b) Address 3625 Lafayette Av.
19. (a) NOV 21 1940 (Date received local registrar) (b) J. D. Bredeck (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Nov. day 19 year 1940 hour minute 8:30 A. M.
21. I hereby certify that I attended the deceased from Nov. 18, 1940, to Nov. 19, 1940; that I last saw h alive on 19; and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death: Coronary Thrombosis | 7 days |
| Due to: Arteriosclerotic Heart Disease | 1 year |
| Due to: Diabetes Mellitus | 1 year |
| Other conditions (Include pregnancy within 3 months of death): None | |
| Major findings: Of operations: None | |
| Of autopsy: None | |

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

23. Signature J. P. Brennan M.D. (M. D. or other)
Address 6339 N. Grand Date signed 11/20/40

(Licensed Embalmer's Statement on Reverse Side)

## 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 Jos B Wollmer

Licensed Embalmer No. 4014

P. O. Address 3125 Lafayette ave

**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.**