

No. 2
1-4-41
17-39
X26390
000

Registration District No. **701**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County **St. Louis, Missouri**
(b) City or town **St. Louis, Missouri**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Alexian Brothers Hosp.**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County _____
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **8026 Reilly Ave.**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month **November**, day **30th**
year **1941** hour **1:40** p.m. minute _____ M. _____
21. I hereby certify that I attended the deceased from **Oct 1**
1941 to **Nov 30** 1941
that I last saw him alive on **Nov 29** 1941
and that death occurred on the date and hour stated above.

Immediate cause of death: **Carcinoma - head of pancreas**
Due to _____
Due to _____

Duration

2 mo

Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings:
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: **W**
(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 **Arven J. P. [unclear]** (M. D. or other) _____
Address **7606 [unclear]** Date signed **12/1/41**

3. (a) PRINT FULL NAME **John Dougherty**
3. (b) If veteran, none war **None** 3. (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **White** 6. (a) Single/widowed, married, divorced **Married**
6. (b) Name of husband or wife **Sarah Dougherty** 6. (c) Age of husband or wife if alive **63** years
7. Birth date of deceased: **January 19, 1876**
(Month) (Day) (Year)

8. AGE: Years **65** Months **10** Days **11**
If less than one day _____ hr. _____ min.

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

10. Usual occupation **Retired Contractor 7 Years**

11. Industry or business _____

12. Name **John Dougherty**
13. Birthplace **Ireland**
(City, town, or county) (State or foreign country)
14. Maiden name **Gatherine Horan**
15. Birthplace **Ireland**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Sarah Dougherty**
(b) Address **8026 Reilly Ave.,**

17. (a) **Burial** (b) Date thereof **12-3-41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mount Hope**
18. (a) Signature of funeral director **SOUTHERN FUNERAL HOME**
6322 S. Grand Blvd.
(b) Address

19. (a) **DEC 2 1941** (b) **J. F. [unclear]**
(Date received local registrar) (Registrar's signature)

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

Dr. McNamee
7606 Virginia
Rv 0116

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..... *Virgil L. Berryman*.....
Licensed Embalmer No..... *4018*.....
P. O. Address..... *St. Louis Mo.*.....

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, fact should be so stated above.