V. S. No. 2
30M—9-4-41
Rev. 5-17-39
I. X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 15 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 16095

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 4916

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

000 17 9

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Christian Hospital 0
(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 St. Louis 96
(c) City or town Riverview Gardens NR
(If outside city or town limits, write "RURAL")
(d) Street No. 10001 Sheldon Drive
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country --

3. (a) PRINT FULL NAME William J. Dougherty
3. (b) If veteran, name war
3. (c) Social Security No. 329-10-1673
4. Sex male 0
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Veronica Finnegan
6. (c) Age of husband or wife if alive 40 years
7. Birth date of deceased 2 (Month) 6 (Day) 1898 (Year)

8. AGE: Years 44 Months 3 Days 27 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri 0 (State or foreign country)
10. Usual occupation Clerk
11. Industry or business
MOTHER FATHER
12. Name Michael Dougherty
13. Birthplace Ireland 4 (State or foreign country)
14. Maiden name Katherine Mc. Dermott
15. Birthplace Franklin County (City, town, or county) Missouri 0 (State or foreign country)
16. (a) Informant Veronica Dougherty
(b) Address 10001 Sheldon Drive
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6- 6- 42 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director Cullinane Bros.
(b) Address 1710 N. Grand
19. (a) JUN 5 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 3rd year 1942 hour 4:30 minute A. M.
21. I hereby certify that I attended the deceased from May 30th, 1942 to June 3rd, 1942 and that I last saw him alive on June 3rd, 1942; and that death occurred on the date and hour stated above.

Immediate cause of death Chr. myocarditis; Chr. endocarditis; Mitral insufficiency. — Duration

Due to Secondary; Acute inebriety; Cerebral oedema; acute myocardial collapse. — 5/30/42

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:
(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 (M. D. or other) 0
Address 3718 Jennings rd. Date signed 6/3/42

(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 Fred Frick

Licensed Embalmer No. 3186

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.