S. No. 2
M—5-42
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 2 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 4116

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1659

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: Missouri Baptist Hosp O
(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 000
(c) City or town St. Louis 3 12 9
(If outside city or town limits, write "RURAL")
(d) Street No. 6642 Hancock
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Guy Dougherty

3. (b) If veteran, name war World

3. (c) Social Security No.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Margaret Simons

6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased Nov. (Month) 17, (Day) 1898 (Year)

8. AGE: Years 46 Months 3 Days 1 If less than one day hr. min.

9. Birthplace Towanda (City, town, or county) Pa (State or foreign country) 1

10. Usual occupation R. R. Switchman

11. Industry or business

MOTHER FATHER

12. Name Gail Dougherty

13. Birthplace not known (City, town, or county) (State or foreign country) 9

14. Maiden name not known

15. Birthplace not known (City, town, or county) (State or foreign country) 9

16. (a) Informant Chas M. Burke
(b) Address East St. Louis, Ill

17. (a) burial (Burial, cremation, or removal) (b) Date thereof Feb. 20, 1943 (Month) (Day) (Year)
(c) Place: burial or cremation East St. Louis, Ill

18. (a) Signature of funeral director Chas M. Burke
(b) Address East St. Louis, Ill

19. (a) FEB 19 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 18 year 1943 hour 12 minute 25 AM.

21. I hereby certify that I attended the deceased from ....., 19....., to ....., 19.....; that I last saw h..... alive on ....., 19.....; and that death occurred on the date and hour stated above.

Immediate cause of death Internal hemorrhage and shock following compound fracture of left elbow when he was struck by a car from a train marked by Donnie Smith Engineer Ben Holloway Fireman at Compton ave Railroad yards

Duration

Due to

Other conditions (Include pregnancy within 3 months of death) 10 PM 2-17-43

Major findings of operation 0

Of autopsy 0

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) Accident 000
(b) Date of occurrence 2-17-43
(c) Where did injury occur? St Louis (City or town) Mo (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Industrial (Specify type of place)
While at work? yes (e) Means of injury Train

23. Signature Thomas F Callaman (M. D. or other)
Address Deputy Coroner Date signed 2-18-43

(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 Chas M. Burke

Licensed Embalmer No. 2421

P. O. Address East St Louis Ill

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.