

FILED JUN 9 1943 18

State File No. \_\_\_\_\_  
Registrar's No. 4927

Registration District No. \_\_\_\_\_

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(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:  
St. Louis City Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. 18 days  
In this community. 14 years (Specify whether 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. 221 S Broadway  
(If rural, give location)  
(e) Citizen of foreign country? Yes (Yes or No)  
If yes, name country. Ireland

3. (a) PRINT FULL NAME Daniel Dougherty

3. (b) If veteran, name war. Unknown 3. (c) Social Security No. Unknown

4. Sex Male 5. Color or Race White 6. (a) Single, widowed, married, divorced. Single

6. (b) Name of husband or wife. None 6. (c) Age of husband or wife if alive ----- years

7. Birth date of deceased. May 17, 1865  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
78 7 0 7 hr. \_\_\_\_\_ min.

9. Birthplace. Ireland (City, town, or county) (State or foreign country) 4

10. Usual occupation. Nil

11. Industry or business. William Dougherty

12. Name. \_\_\_\_\_  
13. Birthplace. Ireland (City, town, or county) (State or foreign country) 4

14. Maiden name. Ann ?  
15. Birthplace. Ireland (City, town, or county) (State or foreign country) 4

16. (a) Informant. Ann St. Morrison  
(b) Address. St. Louis City Hospital

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof. 5-29-43  
(Month) (Day) (Year)  
(c) Place: burial or cremation. CALVARY

18. (a) Signature of funeral director. Bullen & Kelly  
(b) Address. 1416 N. Taylor Ave.

19. (a) MAY 28 1943 (b) J. J. Bredeck  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 24, year 1943 hour 10:10 minute AM.

21. I hereby certify that I attended the deceased from May 7, 1943 to May 24, 1943 that I last saw him alive on May 24, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death. Bronchopneumonia

Due to. 10/1

Other conditions. generalized arterio-sclerosis  
(Include pregnancy within 3 months of death)

Major findings: Of operations. \_\_\_\_\_  
Of autopsy. same

Duration  
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. W. E. Wade (M. D. or other)  
Address. 1515 Lafayette Avenue Date signed. 5/26/43

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

MOTHER FATHER

844

**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.....

*Harry E. Jolley*

Licensed Embalmer No.....

*4078*

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.**