

BUREAU OF THE CENSUS
FILED MAR 13 1944

Registration District No. **318**

Primary Registration District No. **1002**

Registrar's No. **2095**

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: **2 City Sanitarium**
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **1mo. 14ds.**
(Specify whether
 In this community **30 yrs.**
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. **3015 California**
(If rural, give location)
 (e) Citizen of foreign country? **No** (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME **JOHN DOUGHERTY**
 3. (b) If veteran, name war _____ 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 **Julia** 6. (c) Age of husband or wife if alive **56** years
 7. Birth date of deceased **Jan. 13, 1878**
(Month) (Day) (Year)

8. AGE: **66** Years **1** Months **18** Days If less than one day _____ hr. _____ min.

9. Birthplace **Boston Mass.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Laundry worker**

11. Industry or business _____

MOTHER FATHER {
 12. Name **John Dougherty**
 13. Birthplace **Boston Mass.**
(City, town, or county) (State or foreign country)
 14. Maiden name **Katherine unknown**
 15. Birthplace **Boston Mass.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Thelma A. Singler**
 (b) Address **5400 Arsenal**
 17. (a) **Burial** (b) Date thereof **3/4/44**
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **SS. Peter & Paul Cem.**

18. (a) Signature of funeral director **Selken - Benz Mortuary**
 (b) Address **2842 Meramec St.**

19. (a) **MAR 2 1944** (b) **J. F. Brudick**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **March** day **1st**
 year **1944** hour **6** minute **8**, M.

21. I hereby certify that I attended the deceased from **Jan. 17th,** 19**44** to **Mar. 1st.** 19**44**
 that I last saw him alive on **Mar. 1st.** 19**44**
 and that death occurred on the date and hour stated above.

Immediate cause of death: **Acute Cardiac Dilation** **24hrs**
Lobar Pneumonia **3 das.**

Due to _____
 Due to _____
 Other conditions **108**
(Include pregnancy within 3 months of death)

Major findings: _____
 Of operations _____
 Of autopsy **no**

Duration
 24hrs
 3 das.
 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 **0**
 23. Signature **Valdem Romanus Borwick** (M. D. or other)
 Address **5400 Arsenal** Date signed **3/1/44**

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

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 *Joe S. Benz*
Licensed Embalmer No. 4249

P. O. Address 2842 Meramec St.
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.