U. S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 19 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18659

Registration District No. 918 Primary Registration District No. 1003 Registrar's No. 5160

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: Deaconess Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 days (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Webster Groves, 96 (If outside city or town limits, write "RURAL") N.R.
(d) Street No. 230 Blackmer Place. (If rural, give location) 4
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Marie Mahan Dougherty.
3. (b) If veteran, name war no
3. (c) Social Security No. no
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Edmund L. Dougherty.
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Oct. (Month) 7th (Day) 1874 (Year)

8. AGE: Years	Months	Days	If less than one day
70	8	2	hr. min.

9. Birthplace Duluth (City, town, or county) Minn. (State or foreign country)
10. Usual occupation at home
11. Industry or business

FATHER
12. Name Isaac L. Mahan.
13. Birthplace Terre Haute, (City, town, or county) Indiana (State or foreign country)

MOTHER
14. Maiden name Sarah Barrere.
15. Birthplace Hillsboro, (City, town, or county) Ohio. (State or foreign country)

16. (a) Informant Mrs. Mary Kremer.
(b) Address 473 Oakwood, Webster Groves.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/12/45 (Month) (Day) (Year)
(c) Place: burial or cremation Lake Charles Cemetery.
18. (a) Signature of funeral director C.R. Lupton & Sons.
(b) Address 7233 Delmar Blvd.
19. (a) JUN 12 1945 (Date received by local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 9th year 1945 hour 4:05 minute P. M.
21. I hereby certify that I attended the deceased from 5/25/45, 19, to 6/9/45, 19; that I last saw h. alive on 6/9/45, 19; and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of gall bladder (no stones) — Duration 3 Mo.
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations As above.
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 Geo. Dean Sauer M.D. (M. D. or other) MD
Address 634 W. Grand Date signed 6/10/45

(Licensed Embalmer's Statement on Reverse Side)

Dr. [redacted]uer.
Mo. Theatre Bldg.
JE 8038
Hrs.

5160

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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 Bradford A. Miles

Licensed Embalmer No. 2901

P. O. Address University City, 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.