

FILED JUN 13 1946

1984

Registration District No.

Primary Registration District No.

Registrar's No.

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:
St. Louis City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
(Specify whether
In this community
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. 5246 Delmar Blvd.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 30
year 1946 hour 3 minute 0 P. M.
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.

3. (a) PRINT FULL NAME Cornelius B. Daugherty
3. (b) If veteran, name war Nil
3. (c) Social Security No. Unknown

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced, Separated
6. (b) Name of husband or wife Rachel R. Daugherty
6. (c) Age of husband or wife if alive years
7. Birth date of deceased July 19 1884
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
61 10 12 hr. min.

9. Birthplace Newburg Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Painter

11. Industry or business

MOTHER FATHER { 12. Name Overstreet Daugherty
13. Birthplace Dent County Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Anna Delashmit
15. Birthplace Dent County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mary Short
(b) Address 6709a Fyler Ave.

17. (a) Burial (b) Date thereof 6-3-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Newburg, Missouri

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.

19. (a) JUN 3 1946 (b) J. F. Proctor
(Date received local registrar) (Registrar's signature)

Immediate cause of death: Fracture of skull
Subdural hemorrhage of brain
when he walked into the pole of a
refrigerator driven by
operator in front of 5866 Delmar
St. Louis
May 30 1946

Other conditions (Include pregnancy within 3 months of death)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident
(b) Date of occurrence May 30 1946
(c) Where did injury occur? Public Street
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? Public Street (Specify type of place) (e) Means of injury pole
23. Signature Patrick E. Taylor (M. D. or other) MD
Address Dep. coroner Date signed 6/3/46

PHYSICIAN
Underline the cause to which death should be charged statistically.

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

944

17199

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..... *W. W. Wilkin*

Licensed Embalmer No..... *3575*

P. O. Address.....

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.