

S. No. 2
M-543
v. 5-17-39
P I X36671

FILED MAY 31 1946
318

Registration District No. _____ Primary Registration District No. 1003

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:
DePaul Hospital 0
(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 _____
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. 5590 Pershing Ave
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Infant Doherty

3. (b) If veteran, name war None 3. (c) Social Security No. _____

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased May 2, 1946
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 17 year 1946 hour 8 minute _____ A. M.

21. I hereby certify that I attended the deceased from May 2 1946, to May 17 1946.
that I last saw her alive on May 16 1946 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

0	0	15	hr. min.
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9. Birthplace St. Louis Mo. 1
(City, town, or county) (State or foreign country)

10. Usual occupation None

Immediate cause of death malnutrition - failure of gastro intestinal tract Duration 17 days

Due to prematurity

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: _____

Of operations _____

Of autopsy _____

11. Industry or business _____

MOTHER FATHER { 12. Name Byron Doherty

13. Birthplace New Orleans La. 1
(City, town, or county) (State or foreign country)

14. Maiden name Ruth Ann Gill

15. Birthplace St. Louis Mo. 1
(City, town, or county) (State or foreign country)

16. (a) Informant Byron Doherty

(b) Address 5590 Pershing Ave

17. (a) Burial (b) Date thereof 5/18/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Math Hermann & Son

(b) Address 2161 East Fair Ave

19. (a) MAY 21 1946 (b) J. F. Predeck
(Date received local registrar) (Registrar's signature)

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? _____

23. Signature J. F. Predeck (M. D. or other) _____
Address 2727 Delmar Date signed 5-18-46

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

17210

65576

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... *Raymond F. Hoemann*
Licensed Embalmer No. *4266*
P. O. Address *St. Louis 7, 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.