

FILED JUN 18 1946
Registration District No. _____

Primary Registration District No. **1003**

Registrar's No. **5052**

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

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:
4110 Michigan Ave.
(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

3. (a) PRINT FULL NAME **Julia Dougherty**

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex **Female** / 5. Color or race **White**

6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **John**

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

7. Birth date of deceased **Jan. 10 1889**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
57	4	23	hr. _____ min.

9. Birthplace **St. Louis, Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Lipic Pencil Co.**

11. Industry or business _____

12. Name **Peter Durand**

13. Birthplace **St. Genevieve, Missouri**
(City, town, or county) (State or foreign country)

14. Maiden name **Don't know**
(City, town, or county) (State or foreign country)

15. Birthplace **Don't know**
(City, town, or county) (State or foreign country)

16. (a) Informant **Russell Huber**

(b) Address **4110 Michigan Ave.**

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

(c) Place: burial or cremation **New SS. Peter & Paul Cem**

18. (a) Signature of funeral director **Gebken-Benz Mort**

(b) Address **2842 Meramec St.**

19. (a) **JUN 5 1946** (b) **J. F. Brudeck**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Acc**

(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")

(d) Street No. **4110 Michigan Ave.**
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No) **9**
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **3,**
year **1946** hour **11** minute **45 P.M.**

21. I hereby certify that I attended the deceased from **Feb 25,** 1946 to **June 3,** 1946
that I last saw him alive on **June 3,** 1946
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Apoplexy** Duration **1 hour**

Due to **Essential Hypertension** **2 years.**

Due to _____

Other conditions **8 1/2**
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

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 **Joseph A. Mueller** (M. D. **acc**)
Address **2924 So. Grand Blvd** Date signed **6-4-46**

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 Loren E. Percy

Licensed Embalmer No. 4094

2842 Meramec St.

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.