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5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **28255**  
Registrar's No. **17322**

**FILED AUG 27 1946**  
Registration District No. **377**

Primary Registration District No. **3062**

1. PLACE OF DEATH:  
(a) County St. Louis  
(b) City or town Brentwood  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
At Home 8831 Madge 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 36 YEARS  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo. (b) County St. Louis  
(c) City or town Brentwood  
(If outside city or town limits, write "RURAL")  
(d) Street No. 8831 Madge Ave.  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME CATHERINE BRIDGET DOUGHERTY  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex F / 5. Color or race W  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Joseph F. Dougherty 6. (c) Age of husband or wife if alive 69 years  
7. Birth date of deceased December 17th 1877  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
68 8 1 \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_  
12. Name Daniel D. Murphy  
13. Birthplace St. Louis Mo.  
(City, town, or county) (State or foreign country)  
14. Maiden name Mary Birmingham  
15. Birthplace Ireland  
(City, town, or county) (State or foreign country)

16. (a) Informant Joseph F. Dougherty  
(b) Address 8831 Madge Ave.

17. (a) Burial (b) Date thereof Aug. 21 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery  
18. (a) Signature of funeral director Watson Backlage  
(b) Address 6536 Clayton Rd.

19. (a) 8-21-46 (b) E. M. Sarant  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 18  
year 1946 hour 10 minute 30 P.M.  
21. I hereby certify that I attended the deceased from March 26<sup>th</sup> 1937, to Aug 18 1946  
that I last saw her alive on Aug 18 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Broncho-pneumonia, primary, bilateral  
Duration 3 days

Due to \_\_\_\_\_  
Due to 107

Other conditions (1) Anemia, secondary nutritional (2) Purpura, thrombocytopenic  
(Include pregnancy within 3 months of death)  
Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury 0

23. Signature C. H. Beckelman (M. D. or other) M. D.  
Address 2615 Brentwood Blvd Date signed 8/19/46

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

20054

JAN 13 1947

FEB 17 1956

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 *J. Allen Davis Jr*

Licensed Embalmer No. *4253*

P. O. Address *St Louis*

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.