

S. No. 2
I-1/47
5-17-39

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **33254**
Registrar's No. **2023**

FILED OCT 11 1947

Registration District No. **31947**

Primary Registration District No. **6076**

1. PLACE OF DEATH:

(a) County... **St. Louis**
(b) City or town... **Overland**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
10235 Thorpe
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution... **60 Years**
(Specify whether years, months or days)

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

3. (b) If veteran, name war...
3. (c) Social Security No.

4. Sex... **F.** / race... **W.**
5. Color or race...
6. (a) Single, widowed, married, divorced... **Married**
6. (b) Name of husband or wife... **John M. Dougherty**
6. (c) Age of husband or wife if alive... years
7. Birth date of deceased... **March 11 1866**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
81 6 17 hr. min.

9. Birthplace... **Warsaw, Illinois**
(City, town, or county) (State or foreign country)

10. Usual occupation... **At Home**

MOTHER FATHER

11. Industry or business...
12. Name... **Jacob Jordan**
13. Birthplace... **Germany**
(City, town, or county) (State or foreign country)
14. Maiden name... **Helen Straub**
15. Birthplace... **Germany**
(City, town, or county) (State or foreign country)

16. (a) Informant... **John M. Dougherty**
(b) Address... **10235 Thorpe Ave.**

17. (a) **Burial** (b) Date thereof... **9-26-47**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation... **Calvary Cemetery**

18. (a) Signature of funeral director... **Arthur J. Donnelly**
(b) Address... **3850 N. Lindbergh Blvd.**

19. (a) **9-20-47** (b) **Keith J. [Signature]**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State... **MO.** (b) County... **St. Louis**
(c) City or town... **Overland**
(If outside city or town limits, write "RURAL")
(d) Street No... **10235 Thorpe Ave.**
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country...

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month... **Sept** day... **23**
year... **1947** hour... **4** minute... **P** M.

21. I hereby certify that I attended the deceased from **10 pm** 19**47**, to **23 Sept 1947**,
that I last saw him **alive** on **9 Sept 1947**
and that death occurred on the date and hour stated above.

Immediate cause of death... **Pancreas**
Due to... **arteriosclerotic heart disease**

Other conditions... (Include pregnancy within 3 months of death)
46 y

Major findings:
Of operations...
Of autopsy...
PHYSICIAN
Underline the cause of 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... **W.C. [Signature]** (M. D. or other) **M.D.**
Address... **624 NO. [Address]** Date signed **9/23/47**

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

6
13
11

175 APR 5 1952

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 H VanMatre

Licensed Embalmer No. 2825

P. O. Address 4240 Lafayette

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.