S. No. 300
M—10-47
v. 5-17-39
I 3906

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUN 15 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 18193

Registration District No. 217 — Primary Registration District No. 3063 — Registrar's No. 1307

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

1. PLACE OF DEATH:
(a) County: St. Louis
(b) City or town: Clayton (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis County 0 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 16 hrs. (Specify whether years, months or days)
In this community: 22 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo. (b) County: St. Louis 96
(c) City or town: Lemay 0 (If outside city or town limits, write "RURAL")
(d) Street No.: 737 Erskine 0 (If rural, give location)
(e) Citizen of foreign country? (~~Yes~~ or No) /
If yes, name country:

3. (a) PRINT FULL NAME: Elizabeth Dougherty
3. (b) If veteran, name war:
3. (c) Social Security No.:
4. Sex: F 1
5. Color or race: W
6. (a) Single, widowed, married, divorced: M /
6. (b) Name of husband or wife: John Dougherty
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: NOVEMBER 24, 1899 (Month) (Day) (Year)
8. AGE: Years 48 Months 5 Days 27 If less than one day hr. min.
9. Birthplace: Lemay (City, town or county) Mo. 0 (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business:
12. Name (Father): Wm. Kane
13. Birthplace (Father): (City, town, or county) Ireland 4 (State or foreign country)
14. Maiden name (Mother): Catherine Caul
15. Birthplace (Mother): (City, town, or county) Ireland 4 (State or foreign country)
16. (a) Informant: John Dougherty
(b) Address: 737 Erskine
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: 5-24-48 (Month) (Day) (Year)
(c) Place: burial or cremation: CALVARY CEMETERY
18. (a) Signature of funeral director: FENDLER UND. Co.
(b) Address: 7420 MICHIGAN AVE
19. (a) 5-24-48 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 21 year 1948 hour 9 minute 15 A.M.
21. I hereby certify that I attended the deceased from May 20, 1948, to May 21, 1948, that I last saw her alive on May 21, 1948, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Status Asthmaticus	
Bronchopneumonia	3 days
Due to: Bronchial Asthma c.	years
pulmonary fibrosis	
Due to: & emphysema	
Other conditions: Fatty liver	
(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: 0
23. Signature: A. Sohn (M. D. or ~~other~~)
Address: 601 S. Brentwood Blvd. Date signed: 5-21-48

1 (Licensed Embalmer's Statement on Reverse Side)

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 V E Morris

Licensed Embalmer No. 3360

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.