FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUL 3 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 20810

Registration District No. 318 | Primary Registration District No. 1003 | Registrar's No. 5743

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

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.: 1947 Congress St. (If rural, give location)
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(e) Citizen of foreign country? No (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Fannie 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: Henry
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: November (Month) 29, (Day) 1867 (Year)

8. AGE: Years 80 | Months 6 | Days 27 | If less than one day: hr. min.
9. Birthplace: St. Louis (City, town, or county) Mo. (State or foreign country)
10. Usual occupation: Housework
11. Industry or business:
MOTHER FATHER
12. Name: William Mc Gahan
13. Birthplace: (City, town, or county) Ohio (State or foreign country)
14. Maiden name: Katherine McDonald
15. Birthplace: (City, town, or county) Ohio (State or foreign country)
16. (a) Informant: John Dougherty
(b) Address: 1947 Congress St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 6/28/48 (Month) (Day) (Year)
(c) Place: burial or cremation: St. Peter & Paul Cemetery
18. (a) Signature of funeral director: John H. Gebken Sons Und. Co.
(b) Address: 2630 Gravois Ave.
19. (a) JUN 26 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day XXX, 25th year 1948 hour 6, 30 minute A M.
21. I hereby certify that I attended the deceased from ....., 19....., to ....., 19.....;
that I last saw h..... alive on ....., 19.....;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary Thrombosis.	
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

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: Means of injury:
23. Signature: (M. D. or other)
Address: Date signed 6/26/48

Jefferson City Printing Co.

(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 Robert F. Gibbens

Licensed Embalmer No. 4144

P. O. Address 2630 Gravois Ave.

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.