S. No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED NOV 9 1948
Registration District No. 377

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 35089
Primary Registration District No. 6076
Registrar's No. 2481

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Jefferson Barracks (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Veterans Administration Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 days (Specify whether
In this community Unknown years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 2128 Cushing (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country -

3. (a) PRINT FULL NAME DOUGHERTY, John Henry
3. (b) If veteran, name war WW-I
3. (c) Social Security No. Unknown
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife none
6. (c) Age of husband or wife if alive - years
7. Birth date of deceased December 13, 1887 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	60	10	10	hr. min.

9. Birthplace St. Louis, Missouri (City, town, or county) (State or foreign country)
10. Usual occupation Brewery worker
11. Industry or business -
FATHER
12. Name Unknown
13. Birthplace " (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace " (City, town, or county) (State or foreign country)
16. (a) Informant Registrar - VAH
(b) Address Jefferson Barracks, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/27/48 (Month) (Day) (Year)
(c) Place: burial or cremation National Cem. Jeff. Bks.
18. (a) Signature of funeral director Gebken Sons Funeral Home -
(b) Address 2628 Gravois, St. Louis, Mo.
19. (a) 10-26-48 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 23 year 1948 hour 7:30 minute p. M.
21. I hereby certify that I attended the deceased from October 18, 1948, to October 23, 1948; that I last saw him alive on October 23, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death INCARCERATED RIGHT INGUINAL HERNIA WITH EARLY STRANGULATION	Unk
Due to CONTRIBUTORY CAUSE: PNEUMONIA	Unk
Due to	
Other conditions (Include pregnancy within 3 months of death) 122a	

Major findings:
Of operations None
Of autopsy Autopsy performed (See cause of death).

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) No
(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? L. E. Stilwell
23. Signature L. E. STILWELL (M. D. or other)
Address VAH, Jeff. Brks., Mo. Date signed 10/25/48

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. Gebken

Licensed Embalmer No. 4144

P. O. Address 2630 Gravois

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.