

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

22794

State File No. ....

FILED JUL 2 - 1953

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

Registrar's No. 5880

|  |                               |   |  |
|--|-------------------------------|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY   |                               | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>Missouri</b> b. COUNTY <b>2170</b>  |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis, Mo. 2</b>   |                               | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis, Lea Place 0</b>  |  |
| c. LENGTH OF STAY (in this place) <b>12 years</b>  |                               | d. STREET ADDRESS (If rural, give location) <b>5400 Arsenal St. 13</b>  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Louis State Hospital</b>  |                               |   |  |
| 3. NAME OF DECEASED (Type or Print) a. (First) <b>MAMIE</b> b. (Middle) <b>DAUGHERTY</b> c. (Last)   |                               | 4. DATE OF DEATH (Month) (Day) (Year) <b>June 11, 1953.</b>   |  |
| 5. SEX <b>Female</b>   | 6. COLOR OR RACE <b>White</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed 2</b>   | 8. DATE OF BIRTH <b>June 5, 1886</b>                                     |
| 9. AGE (In years last birthday) <b>67</b>  |                               | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Homemaker</b>   | 11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis, Mo.</b> |
| 10a. USUAL OCCUPATION  |                               | 12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>  |  |
| 13a. FATHER'S NAME <b>Joseph Nash</b>  |                               | 13b. MOTHER'S MAIDEN NAME <b>Theresa Funke</b>  |  |
| 14. NAME OF HUSBAND OR WIFE <b>Deceased</b>  |                               |   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b> (If yes, give war or dates of service)   |                               | 16. SOCIAL SECURITY NO. <b>Unknown</b>  |  |
| 17. INFORMANT'S SIGNATURE OR NAME <b>Mr Julian A. Daugherty,</b>   |                               | ADDRESS <b>4139 Green Lea Pl</b>  |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.                            |                               | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pulmonary tuberculosis</b><br><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____<br><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |  |
| 19a. DATE OF OPERATION   |                               | 19b. MAJOR FINDINGS OF OPERATION  |  |
| 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>   |                               |   |  |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify)   |                               | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  |  |
| 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>002x</b>  |                               |   |  |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.   |                               | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  |  |
| 21f. HOW DID INJURY OCCUR  |                               |   |  |
| 22. I hereby certify that I attended the deceased from <b>Jan 1 1951</b> , to <b>June 11 1953</b> , that I last saw the deceased alive on <b>June 11, 1953</b> , and that death occurred at <b>1:45a</b> m., from the causes and on the date stated above. |                               |   |  |
| 23a. SIGNATURE <b>Philip D. De, M.D.</b> (Degree or title)   |                               | 23b. ADDRESS <b>5400 Arsenal St.</b>  |  |
| 23c. DATE SIGNED <b>6/11/53</b>  |                               |   |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>  |                               | 24b. DATE <b>6-15-1953</b>  |  |
| 24c. NAME OF CEMETERY OR CREMATORY <b>Calvary Cemetery</b>   |                               | 24d. LOCATION (City, town, or county) (State) <b>St. Louis, Mo.</b>   |  |
| DATE REC'D BY LOCAL REG. <b>JUN 12 1953</b>  |                               | 25. FUNERAL DIRECTOR'S SIGNATURE <b>Math Hermann &amp; Son Inc.</b> ADDRESS <b>2161 E. Fair Ave.</b>  |  |

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

(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.....

....., Student Embalmer No. ....

working under my personal supervision.

Student .....

Student Embalmer

Signed

*W. Alfred Burnley*

Licensed Embalmer No.

*4309*

P. O. Address

*St Louis Mo*

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.