

FILED MAR 28 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **11692**

BIRTH NO. _____		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 541		Registrar's No. 660							
1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE Missouri b. COUNTY St. Louis									
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clayton		c. LENGTH OF STAY (In this place) AB 1 1/2 yrs		c. CITY OR TOWN Clayton 4462		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
d. FULL NAME OF HOSPITAL OR INSTITUTION 6326 Clayton Road (rear)				e. STREET ADDRESS (If rural, give location) 6326 Clayton Road (rear)									
3. NAME OF DECEASED (Type or Print) a. (First) Thomas			b. (Middle) _____		c. (Last) Daugherty		4. DATE OF DEATH (Month) (Day) (Year) 3-6-56						
5. SEX Male		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed		8. DATE OF BIRTH 7-9-1876		9. AGE (In years last birthday) 79		if UNDER 1 YEAR Months _____ Days _____		if UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Janitor				10b. KIND OF BUSINESS OR INDUSTRY Apartment		11. BIRTHPLACE (City and State or Foreign Country) Fayette, Mo				12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME Thomas Daugherty				13b. MOTHER'S MAIDEN NAME -Unk-				14. NAME OF HUSBAND OR WIFE Polly Daugherty (dec'd)					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no				16. SOCIAL SECURITY NO. 493-05-8720		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Blanche Kelly, 3005 Pine St.							
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Aneurysm of the Abdominal Aorta ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 022x								INTERVAL BETWEEN ONSET AND DEATH About 10 Months	
19a. DATE OF OPERATION _____				19b. MAJOR FINDINGS OF OPERATION 451x								20. AUTOPSY? YES <input 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) _____					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____				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 Jan 6, 1955 , to Mar 6, 1956 , that I last saw the deceased alive on Mar 5, 1956 and that death occurred at 9 m., from the causes and on the date stated above.													
23a. SIGNATURE (Degree or title) R. J. Williamson M.D.						23b. ADDRESS 6336 Clayton Road				23c. DATE SIGNED 3/7/56			
24a. COUNTY (EMERALD) St. Louis		24b. DATE 3-12-56		24c. NAME OF CEMETERY OR CREMATORY Washington Park				24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.					
DATE REC'D BY LOCAL REG. 3-9-56		REGISTRAR'S SIGNATURE Herbert R. Double M.D.				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Russell Und., Co. 2732 Pine St.							

(Licensed Embalmer's Statement on Reverse Side)

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

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.....
Signature of Student Embalmer

Signed *James A. Carter*

Licensed Embalmer No. *4*

P. O. Address *St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.