

No. 2
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P1 X23159

DEPARTMENT OF COMMERCE
BUREAU OF VITAL STATISTICS
FILLED NOV 24 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **33550**
Registrar's No. **8508**

Registration District No. **791** Primary Registration District No. **1003**

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

1. PLACE OF DEATH:
(a) County _____
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital #1 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 Days
(Specify whether _____)
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Lourn Daugherty

3. (b) If veteran, name war UNK 3. (c) Social Security No. UNK

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced D.V. 3

6. (b) Name of husband or wife UNK 6. (c) Age of husband or wife if alive UNK years

7. Birth date of deceased April 7 1883
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
58 6 14 _____ hr. _____ min.

9. Birthplace VIRGINIA
(City, town, or county) (State or foreign country)

10. Usual occupation NONE

11. Industry or business _____

12. Name JOHN DAUGHERTY

13. Birthplace VIRGINIA
(City, town, or county) (State or foreign country)

14. Maiden name CAROLINE LYONS

15. Birthplace VIRGINIA
(City, town, or county) (State or foreign country)

16. (a) Informant Mary Daugherty

(b) Address 4366 Beechwood Blvd.

17. (a) REMOVAL (b) Date thereof 10-27-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation STANTLAND, MO

18. (a) Signature of funeral director Robert H. Appel

(b) Address 4700 Washington Blvd.

19. (a) 10-27-41 (b) J. J. Bradeak
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis 1719
(If outside city or town limits, write "RURAL")
(d) Street No. 3973 LINDELL BLVD
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 21, year 1941 hour 10:30 minute A. M.

21. I hereby certify that I attended the deceased from October 14, 1941, to October 21, 1941.

that I last saw him alive on October 21, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis Duration _____

Due to 10
Due to 10

Other conditions Diabetes Mellitus
(Include pregnancy within 3 months of death)
Arteriosclerosis Heart Disease

Major findings: Of operations _____

Of autopsy 23 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? _____

While at work? _____ (Specify type of place) (e) Means of injury 0

23. Signature J. J. Bradeak (M., D. or other) _____

Address 1515 Lafayette Ave. Date signed 10/21/41

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 J. W. M. Binkley
Licensed Embalmer No. 3653
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.