

19833

FILED JUN 19 1948

State File No. _____

Registration District No. 348

Primary Registration District No. 1003

Registrar's No. 5148

1. PLACE OF DEATH:

(a) County _____
 (b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
PARK LANE HOSPITAL
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 4 DAYS
(Specify whether)
 In this community 0
years, months or days

3. (a) PRINT FULL NAME MELVIN J. DOUGHERTY

3. (b) If veteran, name war NONE
 3. (c) Social Security No. 498-16-2036

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced MARRIED
 6. (b) Name of husband or wife ELSIE
 6. (c) Age of husband or wife if alive 46 years
 7. Birth date of deceased Dec 8 1904
(Month) (Day) (Year)

8. AGE: Years 39 Months 5 Days 26
 If less than one day _____ hr. _____ min.

9. Birthplace St. Louis Mo
(City, town, or county) (State or foreign country)

10. Usual occupation SALSMAN

11. Industry or business REAL ESTATE

12. Name FRANK J. DOUGHERTY

13. Birthplace SAN FRANCISCO CAL
(City, town, or county) (State or foreign country)

14. Maiden name MAYME C. DRUMM

15. Birthplace St. Louis Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Elsie Dougherty

(b) Address 1156 Union

17. (a) BURIAL (b) Date thereof June 7 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CATHYARY

18. (a) Signature of funeral director Cyprus Kelly

(b) Address 4386 Lindell Blvd

19. (a) JUN 5 1948 (b) F. Brudick
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 049
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 1156 UNION
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 4
 year 1948 hour 11 minute 30 P.M.

21. I hereby certify that I attended the deceased from May 30th
1948, to June 4th, 1948
 that I last saw him alive on June 4th, 1948
 and that death occurred on the date and hour stated above.

Immediate cause of death Cirrhosis of Liver
 Duration _____

Due to _____

Due to _____

Other conditions Bronchopneumonia
(Include pregnancy within 3 months of death)

Major findings: Peritoneal

Of operations _____

Of autopsy Cirrhotic Liver

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 _____

23. Signature Clyde E. Kane (M. D. or other) M.D.

Address 706 Walton Date signed 6/5/48

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

MOTHER FATHER

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

Clement W. McNeal

Licensed Embalmer No.

3732

P. O. Address

St. Louis

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.