

FILED JUL 15 1944

Registration District No. 37

Primary Registration District No. 6076

Registrar's No. 1494

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Lemay
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
MT. ST. ROSE
(If not in hospital or institution, write street number or location)
9 MO.
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ years, months or days)

3. (a) PRINT FULL NAME

CAROLINE Doty

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

4. Sex FEMALE 5. Color or race White 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife WALTER 6. (c) Age of husband or wife if alive 50 years
7. Birth date of deceased July 15 1900
(Month) (Day) (Year)

8. AGE: Years 43 Months 11 Days 23 If less than one day
hr. _____ min. _____

9. Birthplace Dover N.C.
(City, town, or county) (State or foreign country)

10. Usual occupation House Work

11. Industry or business

12. Name NEONAM FIELDS
13. Birthplace LA GRANGE N.C.
(City, town, or county) (State or foreign country)
14. Maiden name MARY BROADYRDE
15. Birthplace Unknown N.C.
(City, town, or county) (State or foreign country)

16. (a) Informant Joe H. Fields

(b) Address 707 Westmont Dr. Belvoir Springs, Mo.

17. (a) Removal (Date thereof) July 8 - 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Bern N.C.

18. (a) Signature of funeral director Cypher Kelly

(b) Address 4286 Lindell

19. (a) JUL 8 - 1944 (Date received local Registrar) (b) E. G. McAvan, M.D. (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Louis
(c) City or town Wellston
(If outside city or town limits, write "RURAL")
(d) Street No. 6247 WAGNER
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country U

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 7
year 1944 hour 3 minute 50 P.M.

21. I hereby certify that I attended the deceased from Oct. 18, 1943, to July 6, 1944.
that I last saw or alive on July 6, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Pulm Tub Duration over 1 yr
Due to _____
Due to 13 yr!
Other conditions _____
(Include pregnancy within 8 months of death)

Major findings: Rt. Thrombophlebitis
Of operations _____
Of autopsy _____

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?
(Specify type of place) _____
While at work _____ (e) Means of injury _____
Signature Richard C. Henke (M. D. or other) _____
Address 607 N. Grand Date signed 7/8/44

WRITE PLAINLY—USE 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.....

....., Registered Apprentice/No.....

working under my personal supervision.

Signed.....

Clement M. Neary

Licensed Embalmer No.....

3733

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.