

FILED SEP 18 1944

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7722

Registration District No. 318

Primary Registration District No.

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1427 St. Louis Ave.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 58 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Alphonse Joseph Dougherty

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced 1

6. (b) Name of husband or wife Della Dougherty 6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased October 19th. 1885  
(Month) (Day) (Year)

8. AGE: Years 58 Months 10 Days 17 If less than one day hr. min.

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

10. Usual occupation Elevator Operator

11. Industry or business

MOTHER FATHER { 12. Name Wm. Dougherty  
13. Birthplace unknown 9  
(City, town, or county) (State or foreign country)  
14. Maiden name Mary O'Rourke  
15. Birthplace unknown 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Della Dougherty 1  
(b) Address 1427 St. Louis Ave.

17. (a) Burial (b) Date thereof 9-8-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery Hy. Leidner U. Co.

18. (a) Signature of funeral director 2223 St. Louis Ave.  
(b) Address

19. (a) SEP 7 1944 (b) J. Bredek  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1427 St. Louis A  
(If rural, give location)  
(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 6th  
year 1944 hour minute M.

21. I hereby certify that I attended the deceased from Sept. 5, 1944 to Sept. 6, 1944  
that I last saw him alive on Sept. 5, 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Angina pectoris Duration 2 hrs.  
Due to Chronic myocarditis 3 yrs  
Chronic bronchitis 3 yrs

Other conditions Acute glomerulo 3 d  
(Include pregnancy within 3 months of death) nephritis

Major findings: 93a  
Of operations  
Of autopsy

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

23. Signature J. C. Creane (M. D. or other) MD  
Address 12504 N. 14 St. Date signed 9-6-44

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.....

*John P. Buchholz*

Licensed Embalmer No. 1674

P. O. Address. 2223 S. Green St

**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.**