

FILED SEP 18 1944

State File No. _____

Registration District No. 277

Primary Registration District No. 2002

Registrar's No. 1879

1. PLACE OF DEATH:
 (a) County ST LOUIS
 (b) City or town UNIVERSITY CITY
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
7131 WESTMORELAND
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community _____
 years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State MO (b) County St Louis 91.
 (c) City or town UNIVERSITY CITY
 (If outside city or town limits, write "RURAL")
 (d) Street No. 7131 WESTMORELAND
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME WINNIFRED V. DOUGHERTY
 (b) If veteran, name war _____ (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month SEPT. day 7th
 year 1944 hour 30 minutes AM M.

4. Sex FEMALE 5. Color or race WHITE
 6. (a) Single, widowed, married, divorced MARRIED
 6. (b) Name of husband or wife CHESTER A 6. (c) Age of husband or wife if alive 61 years
 7. Birth date of deceased FEB 8th 1887
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Sept 7 to Sept 7, 1944
 that I last saw her alive on Sept 7, 1944
 and that death occurred on the date and hour stated above.
 Immediate cause of death _____

8. AGE: Years 57 Months 6 Days 29
 If less than one day _____ hr. _____ min.

Duration _____
 Due to Cerebral Anoxia
 Due to arteriosclerosis
 Due to Hypertension
 Other conditions _____
 (Include pregnancy within 3 months of death)

9. Birthplace MO (City, town, or county) _____ (State or foreign country) U

10. Usual occupation AT HOME

11. Industry or business _____
 12. Name JOSEPH J. WALSH
 13. Birthplace IRELAND (City, town, or county) _____ (State or foreign country) U
 14. Maiden name MARY WALSH
 15. Birthplace IRELAND (City, town, or county) _____ (State or foreign country) U

PHYSICIAN _____
 Major findings:
 Of operations _____
 Of autopsy no 83-1
 Underline the cause to which death should be charged statistically.

16. (a) Informant Chester A. Dougherty
 (b) Address 7131 Westmoreland Ave

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) (2) Means of injury _____

17. (a) BURIAL (b) Date thereof SEPT 11-1944
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation CALVARY CEM.

18. (a) Signature of funeral director [Signature]
 (b) Address 516 S. Delmar St.

19. (a) SEP 9-1944 (b) [Signature]
 (Date of local registration) (Registrar's signature)

23. Signature [Signature] (M. D. or other) _____
 Address [Signature] Date signed 9-9-44

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

96
3
5

12-2
Carrollton, Pa.

AUG 20 1945

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 *H. G. Harris*.....

Licensed Embalmer No. *3384*.....

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.