

FILED JAN 16 1945

State File No.

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

154

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Home of the Friendless
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 21 years
(Specify whether years, months or days) 50 YEARS

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4431 South Broadway
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mary Poé Doty Doty

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

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced, Widowed

6. (b) Name of husband or wife John F. Doty
6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased July 22 1854
(Month) (Day) (Year)

8. AGE: Years 90 Months 5 Days 14
If less than one day hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Capt. Thomas Poe

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

14. Maiden name Phoeba Kinsey

15. Birthplace New Castle Pennsylvania
(City, town, or county) (State or foreign country)

16. (a) Informant Harry F. Doty

(b) Address 7376 Arlington Dr., R. H., Mo

17. (a) Burial (b) Date thereof 1-8-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Wagoner Mortuary
(b) Address 4161 Lindell Blvd.

19. (a) JAN 8 1945 (b) J. F. Budeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 6th
year 1945 hour 5 minute 30 P.

21. I hereby certify that I attended the deceased from Sept 23 1944 to Jan 6 1945
that I last saw him alive on Dec 30 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis 5 years
Carcinoma of Esophagus 6 mo

Due to _____
Due to _____

Other conditions Senile Dementia 4 years
(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy no

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) no
(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 Chas E. Hudman (M. D. or other M.D.)
Address 3750 Washington Date signed 1/2/45

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 *Melvin F. Kemper*
Licensed Embalmer No. *405-2*
P. O. Address *4005 Lexington*

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.