S. No. 2
M—5-42
. 5-17-39
PI X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 16 1945 818

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 7608

Registration District No. ..... Primary Registration District No. 1003 Registrar's No. 2209

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 0
(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: 110

(a) State Missouri (b) County Washington 0

(c) City or town Richwoods 0
(If outside city or town limits, write "RURAL")

(d) Street No. ..... NR.
(If rural, give location)

(e) Citizen of foreign country? 1 (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME Simon Daugherty

3. (b) If veteran, name war Nil

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife .....

6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased June (Month) 15 (Day) 1886 (Year)

8. AGE: Years 58 | Months 8 | Days 21 | If less than one day ..... hr. ..... min.

9. Birthplace Richwoods (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Farmer

11. Industry or business .....

FATHER
12. Name Patrick Daugherty
13. Birthplace Richwoods (City, town, or county) Missouri 0 (State or foreign country)

MOTHER
14. Maiden name Julia Caliot
15. Birthplace Richwoods (City, town, or county) Missouri 0 (State or foreign country)

16. (a) Informant Rachael Daugherty
(b) Address 5060 Cates Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-9-45 (Month) (Day) (Year)
(c) Place: burial or cremation Richwoods, Missouri

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.

19. (a) MAR 7 1945 (Date received local registrar) (b) J. F. Budeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 6
year 1945 hour 11 minute 30 A. M.

21. I hereby certify that I attended the deceased from Feb 18, 1945, to 3-6, 1945, that I last saw him alive on 3-6-, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary thrombosis	2 weeks
Due to	
Due to	
Other conditions Nephritis, Chr (Include pregnancy within 3 months of death)	

Major findings:
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 .....

23. Signature Gustave E. Jacobs (M. D. or other) .....
Address Humboldt Bldg Date signed 3-7-45

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No.....

P. O. Address.....

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.