

S. No. 2
 OM-5-42
 v. 5-17-39
 X32873

35194

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No.

FILED DEC 13 1945

1003

Registrar's No. 10480

Registration District No.

Primary Registration District No.

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

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:..... De Paul Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.....
 In this community.....
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State..... Missouri (b) County.....
 (c) City or town..... St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 722 Hamilton Ave
 (If rural, give location)
 (e) Citizen of foreign country?.....
 If yes, name country.....

3. (a) PRINT FULL NAME..... Toliver Dougherty
 3. (b) If veteran, name war..... No
 3. (c) Social Security No. 493-07-9580

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month..... Dec. day..... 3rd
 year..... 1945 hour..... 12.55 minute..... A. M.....

4. Sex..... Male 5. Color or race..... white
 6. (a) Single, widowed, married, divorced..... Divorced
 6. (b) Name of husband or wife..... Elizabeth LeFaivere
 6. (c) Age of husband or wife if alive..... 31 years
 7. Birth date of deceased..... Jan 31, 1879
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from.....
11-23 1945 to..... 12-3 1945
 that I last saw him alive on.....
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>66</u>	<u>10</u>	<u>2</u> hr. min.

Immediate cause of death.....
Chronic Glomerular Nephritis
Pneumonia Acute

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

Due to.....
 Due to.....

10. Usual occupation..... Meat Cutter

Other conditions.....
 (Include pregnancy within 3 months of death)

11. Industry or business.....
 12. Name..... Unknown Dougherty
 13. Birthplace..... Unknown Unknown
 (City, town, or county) (State or foreign country)
 14. Maiden name..... Unknown Unknown
 15. Birthplace..... Unknown Unknown
 (City, town, or county) (State or foreign country)

Major findings:
 Of operations.....
 Of autopsy.....

16. (a) Informant..... James P. Fox
 (b) Address..... 722 Hamilton Ave
 17. (a) Burial (b) Date thereof..... Dec. 5-1945
 (Burial, cremation, or removal) (Month) (Day) (Year)

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?

(c) Place: burial or cremation..... Memorial Park
Jos. W. Clark
 18. (a) Signature of funeral director.....
 (b) Address..... 1125 Hodiamont Ave
 19. (a) DEC 3 1945 (b) J. F. Bredet
 (Date received local registrar) (Registrar's signature)

While at work..... (Specify type of place)
 (c) Means of injury.....
 23. Signature..... J. F. Bredet (M. D. or other).....
 Address..... 5899 Selman Date signed..... 12-3-45

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 Alfred J. Boedeker

licensed Embalmer No. 2663

P. O. Address 5934 Alpha

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.