

No. 2
12-45
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X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 31 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41971

State File No. _____
Registrar's No. 3547

Registration District No. 317

Primary Registration District No. 6076

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Veterans Administration Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Since 9-7-46
(Specify whether _____)

In this community 30 years
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96

(c) City or town 9932 Meadow, Lemay, Missouri
(If outside city or town limits, write "RURAL") 0

(d) Street No. _____ (If rural, give location) 0

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country _____

3. (a) PRINT FULL NAME DOGGETT, Loy H.

3. (b) If veteran, name war World II

3. (c) Social Security No. Unknown

4. Sex Male 0 5. Color or race White

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

6. (b) Name of husband or wife Velma

6. (c) Age of husband or wife if alive 25 years

7. Birth date of deceased Nov. 15, 1915
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>31</u>	<u>1</u>	<u>5</u>	hr. min.

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name Unknown

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

14. Maiden name Unknown

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Registrar, Vet. Adm. Hospital,

(b) Address Jefferson Barracks, Missouri

17. (a) Burial (b) Date thereof 12-22-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fredericktown, Mo.

18. (a) Signature of funeral director A. H. Hoppe Fun. Serv.,

(b) Address St. Louis, Missouri

19. (a) 12-23-46 (b) Ruth Allen
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 20,
year 1946 hour 12:55 minute _____ P. M.

21. I hereby certify that I attended the deceased from September 7, 1946 to December 20, 1946
that I last saw him alive on December 20, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death _____
PULMONARY TUBERCULOSIS, CHRONIC,
ACTIVE, FAR ADVANCED, WITH
Due to CAVITATION 138 UNK.

Other conditions NOXIOUS LESIONS
(Include pregnancy within 3 months of death)

Major findings: Of operations No Autopsy Operation PHYSICIAN

Of autopsy No Autopsy
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) 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 L. E. Stilwell (M. D. or other) 0
L. E. STILWELL, M.D.
Address Vet. Adm. Hosp., Jeff. Bks., Mo. Date signed 12-20-46

(Licensed Embalmer's Statement on Reverse Side)

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

FEB 4 1947

JAN 4 1947

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 Ernest W. Spillars

Licensed Embalmer No. 4080

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.