S. No. 2
DM—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 5 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 3433

Registration District No. 317 Primary Registration District No. 3070 Registrar's No. 196

1. PLACE OF DEATH:
(a) County: St. Louis
(b) City or town: Webster Groves
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 35 South Elm
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community: 29 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: St. Louis 96
(c) City or town: Webster Groves
(If outside city or town limits, write "RURAL")
(d) Street No.: 35 South Elm
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME: William C. Daugherty
3. (b) If veteran, name war: None
3. (c) Social Security No.: None
4. Sex: Male 0
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Lola Cope Daugherty
6. (c) Age of husband or wife if alive: 65 years
7. Birth date of deceased: December (Month) 25 (Day) 1870 (Year)
8. AGE: Years 76 Months 1 Days 1 If less than one day ___ hr. ___ min.
9. Birthplace: Orchard Farm, (City, town, or county) Missouri 0 (State or foreign country)
10. Usual occupation: Music Teacher
11. Industry or business:
FATHER 12. Name: Jos. P. Daugherty
FATHER 13. Birthplace: Unknown (City, town, or county) Unknown 9 (State or foreign country)
MOTHER 14. Maiden name: Carrie Comforth
MOTHER 15. Birthplace: Unknown (City, town, or county) England 4 (State or foreign country)
16. (a) Informant: Lola C. Daugherty
(b) Address: 35 South Elm
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 1 -28 -1947 (Month) (Day) (Year)
(c) Place: burial or cremation: Valhalla Cemetery
18. (a) Signature of funeral director: Mittelberg Funeral Home
(b) Address: 23 W. Lockwood, Webster Groves, Mo.
19. (a) 1-27-47 (Date received local registrar) (b) Ruth Allen MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 26 year 1947 hour 1 minute 10 A M.
21. I hereby certify that I attended the deceased from 1-24, 1947, to 1-26, 1947 that I last saw him alive on 1-25, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary Occlusion	2 hrs
Due to: 940	
Due to:	
Other conditions (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 0
23. Signature: Earl D. Brand (M. D. or other) MD
Address: 120 E. Lockwood Blvd. Date signed 1/27/47

(Licensed Embalmer's Statement on Reverse Side)

FEB 6 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.....

Licensed Embalmer No. 4343

P. O. Address 7415 Zephyr Pl., Maplewood, Mo.

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.