

FILED DEC 6 1947

Registration District No. **318**

Primary Registration District No. **100**

Registrar's No. **10759**

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: **City Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... **47 years**
(Specify whether 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. **3707 N. Broadway**
26 (If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME..... **HOMER DOGGETT**
3. (b) If veteran, name war..... **none** 3. (c) Social Security No. **none**

4. Sex..... **male** 5. Color or race..... **white** 6. (a) Single, widowed, married, divorced..... **married**
6. (b) Name of husband or wife..... **Ida Doggett** 6. (c) Age of husband or wife if alive..... **46** years
7. Birth date of deceased..... **January, 26th 1900**
(Month) (Day) (Year)

8. AGE: Years **47** Months **9** Days **25** If less than one day
hr. min.

9. Birthplace..... **Missouri**
(City, town, or county) (State or foreign country)
10. Usual occupation..... **Paperhanger**

MOTHER FATHER
11. Industry or business.....
12. Name..... **William Doggett**
13. Birthplace..... **unknown**
(City, town, or county) (State or foreign country)
14. Maiden name..... **Melissia Reeves**
15. Birthplace..... **unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant..... **Mrs. Ida Doggett**
(b) Address..... **3707 N. Broadway**
17. (a) **Burial** (b) Date thereof..... **11-24-47**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation..... **St. Matthesw Cem**
18. (a) Signature of funeral director..... **Hy. Leidner U. Co.**
(b) Address..... **2823 St. Louis Ave.**
19. (a) **NOV 24 1947** (b) **J. F. Prudeak**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... **Nov.** day..... **21st**
year..... **1947** hour..... **6:40** minute..... **P.** M.

21. I hereby certify that I attended the deceased from..... **10/22/47**
....., 19....., to..... **Nov. 21st**....., 19..... **47**
that I last saw him alive on..... **Nov. 21st**....., 19..... **47**
and that death occurred on the date and hour stated above.

Immediate cause of death..... **Pulmonary tuberculosis**
Due to.....
Due to.....
Other conditions..... **Myocardial Infarction**
(Include pregnancy within 3 months of death)

Duration

10 years

1 year

PHYSICIAN

Underline the cause of which death should be charged statistically.

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

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?..... Means of injury.....
23. Signature..... **John J. Prudeak** (M. D. or other) **11/22/47**
Address..... **1515 Lafayette** Date signed.....

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

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 John P. Buchholz
Licensed Embalmer No. 1674

P. O. Address 2223 St. Louis Ave

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.