

FILED JUN 12 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 17536

5006

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis, Missouri
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 4082 Holly Hills Blvd.,
(If not in hospital or institution, write street number of location)
(d) Length of stay: In hospital or institution.
(Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4082 Holly Hills
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Ida Dougherty

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Joseph C. Dougherty

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

7. Birth date of deceased July 9, 1871
(Month) (Day) (Year)

8. AGE: Years 76 Months 10 Days 19 If less than one day hr. min.

9. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business

12. Name Fred Speckman

13. Birthplace Germany

14. Maiden name Bertha Petrid

15. Birthplace Germany

16. (a) Informant Mrs. Howard J. Parks

(b) Address 4082 Holly Hills

17. (a) Burial (b) Date thereof 6-1-48

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Southern Funeral Home

(b) Address 6322 S. Grand Blvd.,

19. (a) JUN 1 1948 (b) J. F. Bruesch

(Date received by Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 28th
year 1948 hour 3 minute 40 P.M.

21. I hereby certify that I attended the deceased from 5-14
1948 to 5-28 1948
that I last saw her alive on 5-28 1948
and that death occurred on the date and hour stated above.
Duration

Immediate cause of death Coma due to
Cerebral hemorrhage

Due to 61

Due to 61

Other conditions Diabetes + Arteriosclerosis
(include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

PHYSICIAN

Underline the cause of 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?

While at work? (Specify type of place)

23. Signature M. D. T. (M. D.)

Address 7110 Michigan Date signed 5-29-48

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

MOTHER FATHER

5006

Dr. M. Tibe
7110 Michigan 3pm Sat or call Sun morning

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 J. W. Bentley

Licensed Embalmer No. 3619 3
P. O. Address St Louis 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.