

FILED JUL 14 1948

Registration District No. 312

Primary Registration District No. 3020

Registrar's No. 1608

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:  
619 Bompert Ave.  
(If not in hospital or institution, write street number or 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 96  
(c) City or town Webster Groves 7  
(If outside city or town limits, write "RURAL") 4  
(d) Street No. 619 Bompert Ave. 0  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME William C. Daugherty  
3. (b) If veteran, name war.....  
3. (c) Social Security No. 702-07-3625

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month June day 28  
year 1948 hour 4 minute 50 A.M.

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Fannie  
6. (c) Age of husband or wife if alive 68 years  
7. Birth date of deceased April 27, 1880  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from....., 19....., to June 26, 1948  
that I last saw him alive on June 26, 1948  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
68 2 1 hr. min.

Immediate cause of death Aneurysmal Fibrillation (?)  
Duration (?)

9. Birthplace St. James, Missouri  
(City, town, or county) (State or foreign country)  
10. Usual occupation R.R. Conductor

Due to..... 95a  
Due to.....  
Other conditions Generalized arteriosclerosis  
(Include pregnancy within 3 months of death)

11. Industry or business.....  
12. Name William J. Daugherty  
13. Birthplace Unknown  
(City, town, or county) (State or foreign country) 9  
14. Maiden name Jennie Sawyer  
15. Birthplace St. James, Missouri  
(City, town, or county) (State or foreign country)

Major findings:  
Of operations.....  
Of autopsy.....  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

16. (a) Informant Fannie Daugherty  
(b) Address 619 Bompert Ave.  
17. (a) Burial (b) Date thereof 6-30-1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Oak Hill Cemetery

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) (c) Means of injury 2 hrs

18. (a) Signature of funeral director Jay B. Smith  
(b) Address 7456 Manchester Rd.  
19. (a) 6-29-48 (b) Carla J. Shapiro  
(Date received local registrar) (Registrar's signature)

23. Signature E. J. Vellvor (M. D. or other) hw  
Address State Reg Board Date signed 6/29/48

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**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.....

*H. P. Burgess*

Licensed Embalmer No.....

*4029*

P. O. Address.....

*Maplewood*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**