

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

FILED NOV 9 3 1948
Registration District No. _____

Primary Registration District No. 6076

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

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1. PLACE OF DEATH:

(a) County St. Louis
 (b) City or town Wellston
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
1279 Ryan Terrace
 (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 Mo. (b) County St. Louis
 (c) City or town Wellston
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1279 Ryan Terrace
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Catherine Green,
 (b) If veteran, name war No
 (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 Sam Green 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased July 16, 1873
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
75 3 6 hr. min.

9. Birthplace Cincinnati Ohio
 (City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business _____

MOTHER FATHER { 12. Name Cornelius Dougherty
 13. Birthplace Ireland
 (City, town, or county) (State or foreign country)
 14. Maiden name Catherine Sullivan
 15. Birthplace Ireland
 (City, town, or county) (State or foreign country)

16. (a) Informant W.T. Dougherty

(b) Address 1279 Ryan Terrace

17. (a) Burial (b) Date thereof Oct. 23/48
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Jos. W. Clark

(b) Address 1125 Hodiamont Ave

19. (a) 11-22-48 (b) Cecil D. [Signature]
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 22
 year 1948 hour 5.00 minute _____ A. M.

21. I hereby certify that I attended the deceased from Jan 10, 1947 to Oct 22, 1948
 that I last saw her alive on Oct 21, 1948
 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of stomach
 Duration 6 mo.

Due to _____
 Due to 46 lb.

Other conditions _____
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations no
 Of autopsy no

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature A. M. J. Langley Jr (M. D. or other)
 Address 5803 Edinburg Date signed Oct 22/48

DR. Wm, Langan
5803 Plymouth Ave.,

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 *Gustav W. Ruten*

Licensed Embalmer No. *4329*

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.