

FILED OCT 28 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 35077
9028
Registrar's No.

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|--|--|---|---|--|---|--|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>318</u> | | PRIMARY REG. DIST. NO. <u>1003</u> | | Registrar's No. _____ | | |
| 1. PLACE OF DEATH a. COUNTY _____ | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY _____ | | | | |
| b. CITY (If outside corporate limits, write RURAL and give town OR TOWN <u>St. Louis</u>) | | c. LENGTH OF STAY (in this place) _____ | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> | | d. STREET ADDRESS (If rural, give location) <u>4 6910 Nashville Ave.</u> | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>6910 Nashville Ave.</u> | | | | d. STREET ADDRESS (If rural, give location) <u>4 6910 Nashville Ave.</u> | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>KATHRYN</u> b. (Middle) _____ c. (Last) <u>DOUGHERTY</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 19 1949</u> | | | | | |
| 5. SEX <u>Female</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow 2</u> | | 8. DATE OF BIRTH <u>Feb. 20, 1869</u> | | |
| 9. AGE (In years last birthday) <u>80</u> | | IF UNDER 1 YEAR Months <u>7</u> Days <u>29</u> | | IF UNDER 24 HRS. Hours <u>7</u> Min. _____ | | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u> | | | 10b. KIND OF BUSINESS OR INDUSTRY _____ | | | 11. BIRTHPLACE (State or foreign country) <u>St. Louis, Mo.</u> | | |
| 12. CITIZEN OF WHAT COUNTRY? _____ | | | 13a. FATHER'S NAME <u>Maurice Tobin</u> | | 13b. MOTHER'S MAIDEN NAME <u>Mary Maloney</u> | | 14. NAME OF HUSBAND OR WIFE <u>Late John F. Dougherty</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | | 16. SOCIAL SECURITY NO. _____ | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Kathryn Hayes 6910 Nashville Av</u> | | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</u> INTERVAL BETWEEN ONSET AND DEATH <u>unknown</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Chronic Bronchitis</u> many years. | | | | | | |
| 19a. DATE OF OPERATION <u>nil</u> | | 19b. MAJOR FINDINGS OF OPERATION _____ | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____ | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ | | 21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) <u>112</u> | | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? <u>222</u> | | | | |
| 22. I hereby certify that I attended the deceased from <u>7-19, 1949 to 10-16, 1949</u> , that I last saw the deceased alive on <u>10-8, 1949</u> and that death occurred at <u>4:30 P</u> m., from the causes and on the date stated above. | | | | | | | | |
| 23a. SIGNATURE <u>[Signature]</u> (Degree or title) _____ | | | | 23b. ADDRESS <u>1001st Mc Cavland</u> | | 23c. DATE SIGNED <u>10-20-49</u> | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>Oct. 22, 1949</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u> | | |
| DATE REC'D BY LOCAL REG. <u>OCT 20 1949</u> | | REGISTRAR'S SIGNATURE <u>[Signature]</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Kriegshauser 4228 S. Kingshighway Bl</u> | | | | |

(Licensed Embalmer's Statement on Reverse Side)

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

1001 No. (March 1919)

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Richard W. Stovesand

Licensed Embalmer No. 4207

P. O. Address _____

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.