

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **38630**
5931

FILED NOV 25 1949

318

1003

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

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY ST. LOUIS				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY ST. LOUIS			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS		c. LENGTH OF STAY (in this place) DAILY		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN So. Kinloch		90	
d. FULL NAME OF HOSPITAL OR INSTITUTION Union + NATURAL Bridge				d. STREET ADDRESS (If rural, give location) W. McARTHUR + Lix Ave.			
3. NAME OF DECEASED (Type or Print) a. (First) Med		b. (Middle) Louis		c. (Last) DAUGHERTY		4. DATE OF DEATH (Month) (Day) (Year) 11 16 1949	
5. SEX Male		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH Feb. 26, 1903	
9. AGE (In years last birthday) 46		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Stock Handler		11. BIRTHPLACE (State or foreign country) Tenn.		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME Med. L. DAUGHERTY		13b. MOTHER'S MAIDEN NAME UNKNOWN		14. NAME OF HUSBAND OR WIFE Vennie DAUGHERTY			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 494-09-0492		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Vennie Daugherty So. Kinloch			
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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis				INTERVAL BETWEEN ONSET AND DEATH Several years	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypotension					
		DUE TO (c)					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		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) 103			
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? 4202			
22. I hereby certify that I attended the deceased from 6-9-1947 , to 11-16-1949 , that I last saw the deceased alive on 11-12-1949 and that death occurred at 9:15 P.M. from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) M.D.				23b. ADDRESS So. Kinloch Park Mo.		23c. DATE SIGNED 11-17-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 11-21-49		24c. NAME OF CEMETERY OR CREMATORY Washington Pk. Cem.		24d. LOCATION (City, town, or county) (State) ST. LOUIS Mo.	
DATE REC'D BY LOCAL REG. NOV 18 1949		REGISTRAR'S SIGNATURE J. B. Lassater		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Boyd Bros Funeral Home So. Kinloch			

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 *Edward A Flynn*

Licensed Embalmer No. *4444*

P. O. Address *4548th Pkwy*

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.