

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED DEC 8-1951

State File No. 11598

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 10508

1. PLACE OF DEATH
a. COUNTY _____
2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MISSOURI b. COUNTY _____

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS, MO. c. LENGTH OF STAY (in this place) _____
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS 2239
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. LOUIS MATERNITY HOSP. B. STREET ADDRESS (If rural, give location) 2731 ARMAND PLACE

3. NAME OF DECEASED a. (First) Infant b. (Middle) _____ c. (Last) DOUGHERTY
4. DATE OF DEATH (Month) (Day) (Year) 11-22-51

5. SEX FEMALE 6. COLOR OR RACE WHITE 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NO NO
8. DATE OF BIRTH 11-21-51 9. AGE (In years last birthday) 10. IF UNDER 1 YEAR Months 11. IF UNDER 6 HRS. Hours 12. IF UNDER 6 MIN. Min. 22 55

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE 10b. KIND OF BUSINESS OR INDUSTRY NONE 11. BIRTHPLACE (State or foreign country) ST. LOUIS, MISSOURI 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME EDWARD ERNEST DOUGHERTY, JR. 13b. MOTHER'S MAIDEN NAME EDITH CLAIRE YOUNG 14. NAME OF HUSBAND OR WIFE NONE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO 16. SOCIAL SECURITY NO. NONE 17. INFORMANT'S SIGNATURE OR NAME EDWARD & EDITH DOUGHERTY 18. ADDRESS 2731 ARMAND PL.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Incompatible with life
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.
Interval between onset and death _____

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

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)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? 776X

22. I hereby certify that I attended the deceased from 11-21-1951, to 11-22-1951, that I last saw the deceased alive on 11-22-1951, and that death occurred at 2:45 p. m., from the causes and on the date stated above.

23a. SIGNATURE Seth S. Worsner (Degree or title) M.D. 23b. ADDRESS 630 S. Kingshighway. 23c. DATE SIGNED 11-25-51

24a. BURIAL, CREMATION, REMOVAL (Specify) 10 24b. DATE 11-29-51 24c. NAME OF CEMETERY OR CREMATORY Anatomical Board 24d. LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG. NOV 29 1951 REGISTRAR'S SIGNATURE J. Earl Smith M.D. 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Rowland Service - 4108 Manchester

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

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 _____

.....
working under my personal supervision.

Student Embalmer No.

Signed.....

Signed.....
Student Embalmer

Licensed Embalmer No.....

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.