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FILED APR 6 - 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **10628**

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

Registrar's No. **3241**

1. PLACE OF DEATH a. COUNTY <i>Mo. Pacific Hospital</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY	
b. CITY (If outside corporate limits, give RURAL and give township) <i>St. Louis</i>		c. CITY OR TOWN <i>St. Louis</i>	
c. LENGTH OF STAY (In this place)		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Mo. Pacific Hospital</i>		e. STREET ADDRESS (If rural, give location) <i>6512 Murdoch 20370</i>	
3. NAME OF DECEASED a. (First) <b>LEWIS</b>		b. (Middle) <b>L.</b>	
c. (Last) <b>DOUGHERTY</b>		4. DATE OF DEATH (Month) (Day) (Year) <i>Mar 29, 1956</i>	
5. SEX <i>Male</i>		6. COLOR OR RACE <i>White</i>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Widower</i>		8. DATE OF BIRTH <i>Jan, 15, 1886</i>	
9. AGE (In years last birthday) <i>70</i>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Special Accountant - Mo. Pac. R.R. Co.</i>	
11. BIRTHPLACE (City and State or Foreign Country) <i>Pacific, Mo.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A</i>	
13a. FATHER'S NAME <i>Lewis R. Dougherty</i>		13b. MOTHER'S MAIDEN NAME <i>Bertha Langenbacher</i>	
14. NAME OF HUSBAND OR WIFE <i>Late Carolyn G. Dougherty</i>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No None</i>	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Lewis L. Dougherty Jr. 6512 Murdoch</i>	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Myocardial infarction</i> ANTECEDENT CAUSES <i>due to coronary thrombosis</i> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Arterio Sclerosis</i> DUE TO (c) <i>Diabetes mellitus</i> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
INTERVAL BETWEEN ONSET AND DEATH <i>2 weeks</i>		19a. DATE OF OPERATION	
19b. MAJOR FINDINGS OF OPERATION <i>Hypertensive Cordi Vas Dis</i>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (a. in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <i>420-1</i>		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?	
22. I hereby certify that I attended the deceased from <i>Mar 15, 1956</i> , to <i>Mar 29, 1956</i> , that I last saw the deceased alive on <i>Mar 29, 1956</i> , and that death occurred at <i>1:29 p.m.</i> , from the causes and on the date stated above.			
23a. SIGNATURE <i>Clemens J. Sullivan, M.D.</i>		23b. ADDRESS <i>Mo. Pac. Hosp Assn.</i>	
23c. DATE SIGNED <i>3-30-56</i>		24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>	
24b. DATE <i>Mar. 31, 1956</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Sunset Burial Park</i>	
24d. LOCATION (City, town, or county) (State) <i>St. Louis Co. Mo.</i>		DATE REC'D BY LOCAL REG. <i>MAR 30 1956</i>	
REGISTRAR'S SIGNATURE <i>J. C. Smith MD</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Kriegshauser 4228 S. Kingshighway Bl.</i>	

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

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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 ....., Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Richard W. Stone*.....

Licensed Embalmer No.....*4*

P. O. Address .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.  
to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.