THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-041481
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 11580

FILED DEC 15 1958

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St.Louis — Inside Limits Yes X No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: St.John's Hosp. — Length of stay in Ib: 5-wks.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: St.Louis
c. CITY OR TOWN: Richmond Heights — Inside Limits Yes X No ☐
d. STREET ADDRESS (If outside, give location): 7571 Hoover Ave. — Reside on Far Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First Ruth Middle M. Last Dougherty
4. DATE OF DEATH: Month Nov. Day 30 Year 1958
5. SEX: F.
6. COLOR OR RACE: W.
7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: April 6,1907
9. AGE (In years last birthday): 51 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Copy Writer,
10b. KIND OF BUSINESS OR INDUSTRY: Smith-Neiswander Co.
11. BIRTHPLACE (City and state or country): St.Louis,Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: William J.Dougherty
14. MOTHER'S MAIDEN NAME: Winifred Walsh
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 279-14-0589
17. INFORMANT: Mr.William J.Dougherty, Address: 7131 Westmoreland University City

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] — INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Severe Hypertensive vas. dis. — 4 yrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arterio-sclerotic occlusion rt. renal art. — 6-12 mos
DUE TO (c) Arterio sclerotic vas dis severe. — 5 yrs plus.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 447X
19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT: No SUICIDE: No HOMICIDE: No
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY: Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 10/28/58 to 11/30/58 and last saw her alive on 11-30-58
Death occurred at 11/15 pm on the date stated above; and to the best of my knowledge, from the causes stated

22a. SIGNATURE: John J Hammond (Degree or title) M.D.
22b. ADDRESS: 634 N. Grand
22c. DATE SIGNED: 12/1/58

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Dec.3,1958
23c. NAME OF CEMETERY OR CREMATORY: Calvary Cemetery
23d. LOCATION (City, town, or county) (State): St.Louis,Missouri

24. FUNERAL DIRECTOR: Arthur J. Donnelly ADDRESS: 3840 Lindell Blvd.
25. DATE RECD. BY LOCAL REG.: DEC 2 '58
26. REGISTRAR'S SIGNATURE: J Earl Smith MD mrb

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....

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.