

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

2840

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 1003
City St. Louis (No. 3414 N. Euclid Ave.) St. Ward

File No.
Registered No. i 544
St. Ward

2. FULL NAME

(a) Residence. No. 718 N. Taylor Ave. St. 11 Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 11, 1886

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
45 2 3

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work. Butcher 15¹/₁
(b) General nature of industry, business, or establishment in which employed (or employer). 10²/₈₄
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St. Louis
(STATE OR COUNTRY) Missouri

PARENTS
10. NAME OF FATHER Joseph A. Dugal
11. BIRTHPLACE OF FATHER (CITY OR TOWN) St. Louis
(STATE OR COUNTRY) Missouri
12. MAIDEN NAME OF MOTHER Dora Miller
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St. Louis
(STATE OR COUNTRY) Missouri

14. INFORMANT Mrs. Harry J. Dugal
(Address) 718 N. Taylor Ave.

15. FILED JAN 18 1932
REGISTRAR W. E. Stanley

MEDICAL CERTIFICATE OF DEATH

Found dead
16. DATE OF DEATH (MONTH, DAY AND YEAR) January 14 1932
17. I HEREBY CERTIFY, That I attended deceased from 19....., to 19....., that I last saw him alive on 19....., and that death occurred, on the date stated above, at 3:02 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

strangulation
due to hanging by rope
while suffering temporary
mental aberration.
CONTRIBUTORY (SECONDARY) mental aberration
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED suicide
IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? no
(Signed) John Hurley M.D.
1/15 1932 (Address) Deputy Coroner

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Lakewood Park Cemetery DATE OF BURIAL Jan 18 1932
20. UNDERTAKER Geo. L. Leibsch, Inc. ADDRESS 5966 Eastern Ave.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Tom Hovey
Carmel.