

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.

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City St. Louis (No. City, Hospital)..... St. 4178 (Ward)

File No. **14989**Registered No. **4178**2. FULL NAME Joseph A. Dugal(a) Residence, No. 2531 N. Sarah St., 11 Ward.

(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) August 19, 18947. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
39 7 298. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tinner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Missouri13. NAME Joseph A. Dugal14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Missouri15. MAIDEN NAME Ida Mueller16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Missouri17. INFORMANT Mr. Harry J. Dugal
(ADDRESS) 718 N. Taylor Ave18. BURIAL, CREMATION, OR REMOVAL
PLACE Lakewood Park DATE April 27, 193419. UNDERTAKER Geo. L. Pleitner Inc
(ADDRESS) 5466 Eastern Ave.20. FILED APR 25 1934 J. F. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 18, 1934

22. I HEREBY CERTIFY, That I attended deceased from

....., 19....., to....., 19.....

I last saw h..... alive on....., 19..... Death is said

to have occurred on the date stated above, at 10:45 m.

The principal cause of death and related causes of importance were as follows:

Fractured skull and rib
due to hemorrhage follow-
ing fall on floor at City
Hospital No. 1, at about 8:30
a.m. April 17, 1934

Other contributory causes of importance:

186A
194B Accident 254

Name of operation 89A Date of 254

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? accident Date of injury 4/17/1934Where did injury occur? St. Louis

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

City Hospital No. 1Manner of injury fallNature of injury fract skull

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.

(Signed) Joseph A. Dugal 583(Address) 125 3/4

