WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

30967

1. PLACE OF DEATH

County SEP 13 1934 Registration District No. 791

Township Primary Registration District No. 1003

City St Louis (No. De Paul Hospital St. Ward)

File No.

Registered No. 8233

2. FULL NAME John E Duggan

(a) Residence No. 4918 Thalogan St., 14 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) Aug. 28, 1918

7. AGE: YEARS 15 MONTHS 11 DAYS 14 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School boy

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 Mo

FATHER

13. NAME John J. Duggan

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis Mo

MOTHER

15. MAIDEN NAME Loretta Gray

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis Mo

17. INFORMANT (ADDRESS) John J Duggan 4918 Thalogan

18. BURIAL, CREMATION, OR REMOVAL

PLACE Calvary Cem DATE Aug 13 1934

19. UNDERTAKER (ADDRESS) Kriegshauser 4228 Springchighway

20. FILED AUG 11 1934 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

2

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 11, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 30, 1934, to Aug 11, 1934

I last saw him alive on Aug 11, 1934 Death is said to have occurred on the date stated above, at 12:08 A m.

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

Hemorrhage from Nose. Caused by Banti's disease

72 A

103 B

Date of onset

Other contributory causes of importance:

Banti's Disease.

Name of operation None Date of —

What test confirmed diagnosis? Physical Exam Autopsy Was there an autopsy? Partial Just the abdomen was opened.

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

Accident, suicide, or homicide? — Date of injury —, 19—

Where did injury occur? —
(Specify city or town, county, and State)

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

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify —

(Signed) Everett J Javaux, M. D.

(Address) 539 No Grand Ave.

100M-11-24-33

Gr. J. [illegible]
639H [illegible]
J 9204
9-11