

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

8781
Do not use this space.

APR 12 1939

1. PLACE OF DEATH

(a) County..... 3 Registration District No..... 791
 (b) Township..... 1 Primary Registration District No..... 1003
 (c) City..... ST LOUIS (d) Street No..... En route City Hosp. No. 1 St.
 (If death occurred in Hospital or Institution, write its name instead of street and number).
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME WILLIAM CHARLES DOUGAN
 (a) Residence, No. 250 W. 14th St. 25 St. 25 (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX MALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) FEB. 2 - 1881

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
 58 1 13

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. Porter
 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) IRELAND

FATHER 13. NAME CHARLES DOUGAN
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) IRELAND

MOTHER 15. MAIDEN NAME MARGARET BLACK
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) IRELAND

17. INFORMANT Katherine Maffitt (ADDRESS) Lebanon Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE SA. Matthews DATE March 17, 1939
 19. FUNERAL DIRECTOR (NAME) E. J. Schurr (ADDRESS) 3125 Lafayette Av.
 20. FILED J. Budzich Local Registrar

MAR 17 1939

MEDICAL CERTIFICATE OF DEATH

No attending physician.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 15th 1939

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 8:12 A.M.
 The principal cause of death and related causes of importance were as follows:
 Oedema of Brain;
 Chronic Aortitis;
 (Cause unknown) ✓

Other contributory causes of importance: na

Name of operation..... Date of.....
 What test confirmed diagnosis?..... Was there an autopsy?..... Yes

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. see above
 Manner of injury.....
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify (Signed) Alfred Perry, M.D. (Address) Deputy Coroner

(Licensed Embalmer's Statement on Reverse Side)

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

N. E.—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.

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.