S. No. 2
4-13-40
. 5-17-39
I X23159

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 30513

Registration District No. 791 OCT 25 1940

Primary Registration District No. 1003

Registrar's No. 7790

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Louis City Hospital, #1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 Days (Specify whether years, months or days)

In this community life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis 5
(If outside city or town limits, write "RURAL")

0

(d) Street No. 6006 Westminster AVe
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Katherine Dugan

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife none

6. (c) Age of husband or wife if alive none years

7. Birth date of deceased unknown (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
abt 58			hr. min.

9. Birthplace St. Louis, Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Housework 5

11. Industry or business 9

MOTHER FATHER

12. Name Thomas Dugan

13. Birthplace Ireland.
(City, town, or county) (State or foreign country)

14. Maiden name Mary

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Thomas A. Dugan.

(b) Address 6006 Westminster Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 19.40 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of undertaker Bauer-Fiehman

(b) Address 1431 Union Blvd.

19. (a) SEP 18 1940 (Date received local registrar) (b) J. P. Medeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 17. year 1940 hour 3:00 minute A. M.

21. I hereby certify that I attended the deceased from September 10. 1940 to September 17. 1940; that I last saw h er alive on September 17. 1940; and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Stomach

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature William N. Elliott (M. D. or other)

Address 1515 Lafayette Ave. Date signed 9/17/40

(Licensed Embalmer's Statement on Reverse Side)

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. 2915

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, fact should be so stated above.