No. 2
1-4-41
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FILED JUN 6 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 18925

Registration District No. 784 Primary Registration District No. 101 Registrar's No. 961

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

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Clayton (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis County Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 18 days (Specify whether
In this community 24 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis 96
(c) City or town Overland 13 (If outside city or town limits, write "RURAL")
(d) Street No. 9210 Bristol Ave 1 (If rural, give location)
(e) Citizen of foreign country? No 1 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME William Dugan

3. (b) If veteran, name war unknown 3. (c) Social Security No. unknown

4. Sex male 0 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Catherine Dugan 6. (c) Age of husband or wife if alive 77 years

7. Birth date of deceased Jan. (Month) 25 (Day) 1882 (Year)

8. AGE: Years 59 Months 3 Days 11 If less than one day hr. min.

9. Birthplace unknown (City, town, or county) Ill. (State or foreign country)

10. Usual occupation nil.

11. Industry or business

FATHER
12. Name John Dugan
13. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Rosetta Burns
15. Birthplace unknown (City, town, or county) unknown (State or foreign country)

16. (a) Informant wife, Catherine
(b) Address 9210 Bristol, Overland, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5 (Month) 8 (Day) 41 (Year)
(c) Place: burial or cremation S. S. Peter & Paul Cem.

18. (a) Signature of funeral director Baumann Bros
(b) Address 2504 Woodson Rd Overland

19. (a) MAY - 7 1941 (Date received local registrar) (b) T. R. Meyer M.D. Dir. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 6 year 1941 hour 11 minute 55 A. M.

21. I hereby certify that I attended the deceased from 4-18-41, 19 to 5-6-41, 19; that I last saw him alive on 5-6-41, 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Surgical shock ~~[illegible]~~	10 minute
Due to Hemorrhage during operation for	
Due to Carcinoma of lung	unknown
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations Carcinoma of lung
Of autopsy 478

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 [signature] (M.D. or other) 0
Address [illegible] Co. Hosp. Date signed 5-7-41

(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 Oscar F. Mueller

Licensed Embalmer No. 3039

P. O. Address Overland Mo

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

If this body is not embalmed, fact should be so stated above.