

FILED NOV 24 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 33141

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 8095

1. PLACE OF DEATH:

(a) County St. Louis
 (b) City or town St. Louis
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
City Hosp # 1 D
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 (Specify whether _____)
 In this community _____
 years, months or days

3. (a) PRINT FULL NAME Lawrence Clayton Dugan3. (b) If veteran, name war _____ 3. (c) Social Security No. 3330-03-35444. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married6. (b) Name of husband or wife Bertrude Dugan 6. (c) Age of husband or wife if alive 31 years7. Birth date of deceased Aug 13 (Month) (Day) (Year) 19048. AGE: Years 37 Months 1 Days 25 If less than one day _____ hr. _____ min.9. Birthplace New York (City, town, or county) State 1 (State or foreign country)10. Usual occupation Labor

11. Industry or business _____

12. Name Peter Dugan13. Birthplace New York (City, town, or county) State 1 (State or foreign country)14. Maiden name Marjory Clark15. Birthplace New York (City, town, or county) State 1 (State or foreign country)16. (a) Informant N. N. Harniss(b) Address 2032 Benton St. City 2217. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 10-11-41 (Month) (Day) (Year)(c) Place: burial or cremation Sunset Hill Edwards18. (a) Signature of funeral director Charles Mercer(b) Address Manot City Ill19. (a) OCT 10 1941 (Date received local registrar) (b) _____ (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Ill (b) County NB 999
 (c) City or town Granite City 0
 (If outside city or town limits, write "RURAL") 2
 (d) Street No. 1928 Adams
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 8 year 1941 hour 12 minute 35 A.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw h _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Fracture of skull Duration
Subdural hemorrhage of brain
when he fell over the fence
at the steps of the
Bn. Railway station about
4:10 pm Oct 7 1941

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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) Accident(b) Date of occurrence Oct 7 1941(c) Where did injury occur? St. Louis (City or town) (County) (State)(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public PlaceWhile at work? no (Specify type of place) (e) Means of injury fall23. Signature W. H. Perry (M. D. or other)Address Resident Date signed 10/10/41

H' OK

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 Charles E. Inger

Licensed Embalmer No. 2988

P. O. Address Bremen City Ill.

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.

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STANDARD CERTIFICATE OF DEATH

State File No. 32141
Registrar's No.

Registration District No. 791

Primary Registration District No. 1003

1. PLACE OF DEATH:

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

2. USUAL RESIDENCE OF DECEASED:

(a) State..... (b) County.....
(c) City or town.....
(If outside city or town limits, write "RURAL")
(d) Street No.....
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Lawrence C. Dugan

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

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced m

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

7. Birth date of deceased. Aug 13, 1904
(Month) (Day) (Year)

8. AGE: Years 37 Months 1 Days 11 (If less than one day) min.

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

10. Usual occupation.....

11. Industry of business.....

12. Name.....

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

14. Maiden name..... (City, town, or county) (State or foreign country)

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

16. (a) Informant.....

(b) Address.....

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

(c) Place: burial or cremation.....

18. (a) Signature of funeral director.....

(b) Address.....

19. (a) Aug 4 1941 (b) J. F. Bredeek
(Date received local Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct Day 6 year 1941 hour..... minute..... M.

21. I hereby certify that I attended the deceased from..... 19.....
that I have seen him..... alive on..... 19.....
and that death occurred on the date and hour stated above.
Immediate cause of death.....

Duration

Due to.....

Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....

Of autopsy.....

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?

While at work?..... (Specify type of place) (e) Means of injury.....

23. Signature..... (M. D. or other).....

Address..... Date signed.....

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

SUPPLEMENTARY

