

No. 2  
-1-4-41  
5-17-39  
I X26390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 33563

FILLED NOV 24 1941

Registration District No. 791

Primary Registration District No. 100

Registrar's No. 8521

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:  
Deaconess Hospital 0  
(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 Mo. (b) County..... 000  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL") 17/4  
(d) Street No. 4902 Winona Ave.  
(If rural, give location) S  
(e) Citizen of foreign country?..... 0 (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME Eva J. Duggins

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

7. Birth date of deceased. April 28th 1875  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
66 5 29 hr. min.

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

10. Usual occupation Trained Nurse

11. Industry or business Deaconess Hospital

MOTHER FATHER { 12. Name James O. Duggins

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

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

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

16. (a) Informant Mrs. Gertrude Garner  
(b) Address 4902 Winona Ave.

17. (a) Burial (b) Date thereof 10-29-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Farmington Missouri

18. (a) Signature of funeral director Kriegshauser Mortuary  
(b) Address 4228 So. Kingshighway Blvd.

19. (a) OCT 28 1941 (b) J. F. Brudeck  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 27th  
year 1941 hour 8 minute A.M. M.

21. I hereby certify that I attended the deceased from Feb 17  
1941 to Oct 27 1941;  
that I last saw her alive on Oct 27 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death Adenocarcinoma of Descending Colon Duration 10 yrs.

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

Major findings: Widespread Carcinoma of operations of Descending Colon used microscopically, Glonds. Operation on Feb 25-1941  
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?

(Specify type of place) While at work?..... (e) Means of injury 0

23. Signature G. R. Sheffler (M. D. or other)  
Address 1020 Mo. Theater Bldg Date signed 10-28-41

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

830 x 930

No. Theatre  
R 7469

**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 *Edwin J. Mc Dermott*

Licensed Embalmer No. *3024*

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.**