

No. 2  
-13-40  
-17-39  
X23159

Registration District No. ....

Primary Registration District No. ....

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

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:  
City Hospital  
(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 Missouri (b) County.....

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

(d) Street No. 1033 Rutger St.  
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 9  
year 1941 hour 3 minute 0 P. 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.

3. (a) PRINT FULL NAME Bessie Duggan

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Wm. Duggan

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

7. Birth date of deceased Oct. 25, 1887  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>54</u>	<u>1</u>	<u>17</u>	hr. .... min.

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

10. Usual occupation at home

11. Industry or business.....

12. Name Henry Propper

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

14. Maiden name Don't know.

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

16. (a) Informant Frederick H. Propper

(b) Address 1033 Rutger Street.

17. (a) Burial (b) Date thereof 12/12/41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus Cemetery

18. (a) Signature of funeral director Weick Bros. Und. Co.

(b) Address 2201 S. Grand Bl.

19. (a) DEC 11 1941 (b) J. F. Prudeck  
(Date received local health officer's certificate) (Registrar's signature)

Immediate cause of death Cerebral Hemorrhage

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?.....

(Specify type of place)

While at work?..... (e) Means of injury.....

23. Signature James J. Pflumm (M.D. or other).....

Address 1300 J. Edgar ave. Date signed 12/11/41

**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.....

*Nancy A. Stewart*

Licensed Embalmer No...3722.....

P. O. Address.....412 Duchouquette St.....

**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.**