

5394
S. No. 2
M-9-4-41
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

4283

State File No.

1943

FILED MAR 24 1943

Registration District No.

Primary Registration District No.

1003

Registrar's No.

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 5 Days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County _____
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 3225 Montgomery St.
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME James Cain Duggan

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

4. Sex Male 5. Color or race White 6. (a) Single, 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 Unknown
(Month) (Day) (Year)

8. AGE: Years Abt 75 Months _____ Days _____ If less than one day _____ hr. _____ min.

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

10. Usual occupation Plumbers Helper

11. Industry or business Unknown

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant Horace P. Locke

(b) Address 1479 Belt Ave.

17. (a) Cremation (b) Date thereof 3/3/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla

18. (a) Signature of funeral director Kraege - Voss - Fix

(b) Address 3402 N. Kingshighway

19. (a) MAD 2 1943 (b) J. F. Bredeek
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 1, year 1942 hour 10:55 minute _____ P. _____ M.

21. I hereby certify that I attended the deceased from February 25, 1942 to March 1, 1942.
 that I last saw him alive on March 1, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebrovascular thrombosis of middle cerebral art. / 18 days

Due to Chronic myocarditis & cardiac fibrillation

Due to hypertension & arteriosclerosis

Other conditions bilobed infarct of brain, terminal bronchopneumonia

Major findings: Of operations Lobar

Of autopsy Same

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) _____
 Means of injury 0

23. Signature John J. de la... (D. or other) _____
 Address 1515 Lafayette Ave. Date signed 3/2/42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

James Cain Duggan

000
1/11
9
0

108

Not Embalmed
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..... *Ray Wilson*.....
Licensed Embalmer No.....
P. O. Address..... *3575*.....

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.