. S. No. 2
M—9-4-41
5-17-
I. X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 4 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

208

State File No.

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 829

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: 4617 Bircher Blvd. /
(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 000 17

(c) City or town S't. Louis 7 9
(If outside city or town limits, write "RURAL")

(d) Street No. 4617 Bircher Blvd.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Louise Dugan.

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 Married /

6. (b) Name of husband or wife Thomas A. Dugan.

6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased Sept. 18, 1879
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	63	4	8	hr. min.

9. Birthplace Herman, Missouri. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Housework.

11. Industry or business

FATHER
12. Name John Vollertsen.
13. Birthplace Denmark. 4
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Caroline Groeber.
15. Birthplace Herman, Missouri. 0
(City, town, or county) (State or foreign country)

16. (a) Informant Thomas A Dugan
(b) Address 4617 Bircher Blvd

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 28. 1943
(Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Bessie Nichols
(b) Address 1431 Union Blvd.

19. (a) JAN 27 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 26
year 1943 hour 3. minute 30 a. M.

21. I hereby certify that I attended the deceased from Jan 23 1943 ~~Jan 26th~~, 19 to Jan. 26th 1943
that I last saw her alive on Jan. 25th 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Lobar Pneumonia

Due to

Due to

Other conditions 108
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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 W. W. Harris (M. D. or other)
Address 3505 N. Grand Date signed 1/26/43

(Licensed Embalmer's Statement on Reverse Side)

498-07-7193

Larry

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 [signature]

Licensed Embalmer No. 5915

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.