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

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

26602

State File No.

STATED AUG 23 1943

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7423

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

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Lutheran Hospital O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 11 HRS. (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jefferson 50 0

(c) City or town ~~St. Louis~~ Herculaneum NR. 0
(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 Infant Boy Dugan

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

4. Sex M. 5. Color or race W 6. (a) Single, widowed, married, divorced — 0

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

7. Birth date of deceased 8 — 15 - 1943
(Month) (Day) (Year)

8. AGE: Years | Months | Days | If less than one day 11 hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation None

11. Industry or business

FATHER
12. Name Ernest R. Dugan
13. Birthplace Herculaneum (City, town, or county) Mo. 0 (State or foreign country)

MOTHER
14. Maiden name Mary Stites
15. Birthplace Barnhart (City, town, or county) Mo. 0 (State or foreign country)

16. (a) Informant Elva Meier
(b) Address Lutheran Hospital

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-17-43 (Month) (Day) (Year)
(c) Place: burial or cremation Herculaneum Mo

18. (a) Signature of funeral director Albert H. Hoppe, Inc
(b) Address 4700 Washington Blvd.

19. (a) AUG 17 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 15
year 1943 hour 1 minute 20 P. M.

21. I hereby certify that I attended the deceased from 8-15-43, 19 , to 8-15, 1943
that I last saw him alive on 8-15, 1943
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Tentorial tear of Brain	1 hr
Due to: Violent 1st & 2nd stage of labor	2 hrs
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations Blood in spinal fluid
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 Emmett Lewis Mo. (M.D. or other)
Address Herculaneum Mo Date signed 8/16/43

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No. 1861

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.