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-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED FEB 11 1944

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

256

State File No. \_\_\_\_\_

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **1171**

**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:  
Missouri Baptist 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 000  
17

(c) City or town St. Louis  
(If outside city or town limits, write "RURAL") 912

(d) Street No. 5526 Pershing Ave  
(If rural, give location)

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

**3. (a) PRINT FULL NAME** Bruce Dougan

**3. (b) If veteran, name war** \_\_\_\_\_ **3. (c) Social Security No.** 189-05-1269

**4. Sex** Male **5. Color or race** White **6. (a) Single, widowed, married, divorced** Married

**6. (b) Name of husband or wife** Emma Dougan **6. (c) Age of husband or wife if alive** ? years

**7. Birth date of deceased** Oct. 23rd. 1876  
(Month) (Day) (Year)

**8. AGE:**

Years	Months	Days	If less than one day
<u>67</u>	<u>6</u>	<u>3</u>	<u>12</u> hr. _____ min.

**9. Birthplace** Frankfort Mo  
(City, town, or county) (State or foreign country)

**10. Usual occupation** President

**11. Industry or business** Dougan Adv. Co

**12. Name** Archibald Dougan

**13. Birthplace** St. Louis, Mo. Ireland  
(City, town, or county) (State or foreign country)

**14. Maiden name** Lucinda Jones

**15. Birthplace** St. Louis County Mo  
(City, town, or county) (State or foreign country)

**16. (a) Informant** Mrs. Bruce Dougan

**(b) Address** 5526 Pershing Ave

**17. (a) Burial** (Burial, cremation, or removal) **(b) Date thereof** 2/7/44  
(Month) (Day) (Year)

**(c) Place: burial or cremation** Bellefontaine Cemetery

**18. (a) Signature of funeral director** Robert J. Ambruster

**(b) Address** 6633 Clayton Road

**19. (a) FEB 6 1944** **(b) J. F. Brudeck**  
(Date received by registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month February day 5th  
year 1944 hour 5:15 minute A. M.

**21. I hereby certify that I attended the deceased from** Dec 1941  
Feb 5, 1944, to Feb 5, 1944  
that I last saw him alive on Feb 4, 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral hemorrhage **Duration** 4 days

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

**PHYSICIAN**

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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?** no

While at work? \_\_\_\_\_ (Specify type of place) \_\_\_\_\_  
(?) Means of injury \_\_\_\_\_

**23. Signature** Walter Kuten (M. D. or other?) \_\_\_\_\_

**Address** 3720 Washington Ave **Date signed** 2/6/44

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

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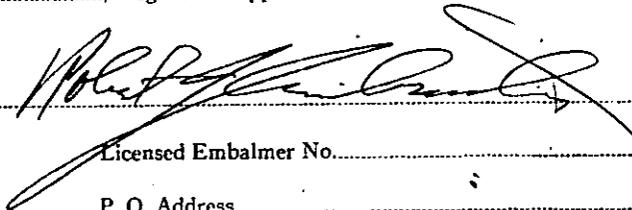
**STATEMENT BY LICENSED EMBALMER**

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.....

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.**