

FILED NOV 17 1945

STANDARD CERTIFICATE OF DEATH

Registration District No.

Primary Registration District No. **3069**

Registrar's No. **2616**

1. PLACE OF DEATH:

(a) County **St. Louis**
(b) City or town **Maplewood** **Richmond Heights**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Marys Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **5 Days**
(Specify whether
In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **St. Louis**
(c) City or town **Maplewood**
(If outside city or town limits, write "RURAL")
(d) Street No. **7250 Sarah Ave.**
(If rural, give location)
(e) Citizen of foreign country? **NO** (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME **ELLA M. DUGGAN**

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 **Widowed**

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

7. Birth date of deceased **Mar. 12, 1883**
(Month) (Day) (Year)

8. AGE: Years **62** Months **8** Days **0** If less than one day hr. min.

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

10. Usual occupation **Housewife**

11. Industry or business

MOTHER { 12. Name **James Montague**
13. Birthplace **Unknown**
(City, town, or county) (State or foreign country)
14. Maiden name **Matilda Shell**
15. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **Ralph Duggan**
(b) Address **1144 Highland Terr.**

17. (a) **Burial** (b) Date thereof **Nov. 15, 1945**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **New St. Peter & Paul**

18. (a) Signature of funeral director **Jay B. Smith**

(b) Address **7456 Manchester Ave, Maplewood, Mo**

19. (a) **11-16-45** (b) **E. B. M. Gavan MD**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov** day **12** year **1945** hour **3** minute **45 A.M.**

21. I hereby certify that I attended the deceased from **Nov 7**, 1945 to **Nov 12**, 1945 that I last saw her alive on **Nov 11**, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death **CORONARY THROMBOSIS** Duration **5 days**

Due to **93d**
Due to

Other conditions **Chronic Myocarditis**
(Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy **Yes confirmed above diagnosis - performed at St Marys Hosp**

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) (e) Means of injury **CMO**

23. Signature **Vincent J. Tommard** (M. D. or other) **MD**
Address **3109 Sutton Ave** Date signed **11/13/45**
Maplewood Mo

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

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 3454
....., Registered Apprentice No.
working under my personal supervision.

Signed David C. Gibson

Licensed Embalmer No. 3454

P. O. Address 74 56 Manchester

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.