

FILED MAR 11 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 6277

Registrar's No. 2000

Registration District No. 318

Primary Registration District No. 1002

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

1. PLACE OF DEATH:

(a) County ST LOUIS
 (b) City or town ST LOUIS
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution Josephine Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

3. (a) PRINT FULL NAME BABY DIGNAM

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, 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 FEB 26 1948
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____ If less than one day 3 hr. _____ min.

9. Birthplace ST LOUIS MO
(City, town, or county) (State or foreign country)

10. Usual occupation NIL

11. Industry or business NIL

MOTHER FATHER

12. Name WALTER DIGNAM

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

14. Maiden name VERONICA GORDON

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

16. (a) Informant WALTER DIGNAM

(b) Address 4625 E S BROADWAY

17. (a) BURIAL (b) Date thereof FEB 27 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation RESURRECTION

18. (a) Signature of funeral director Phonetic & Son

(b) Address 2906 Harvey St

19. (a) FEB 27 1948 (b) J. J. Bedeich
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County OSAGE
 (c) City or town ST LOUIS
(If outside city or town limits, write "RURAL")
 (d) Street No. 4625 E S BROADWAY
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 27
 year 1948 hour 2 minute 15 AM

21. I hereby certify that I attended the deceased from Birth
 _____, 19____, to _____, 19____;
 that I last saw him _____ alive on _____, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Birth Anomaly

Due to _____
 Due to _____

Other conditions None Lip-Blind
(Include pregnancy within 3 months of death)

Major findings: _____ PHYSICIAN _____

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? _____

While at work? _____ (Specify type of place) (c) Means of injury _____

23. Signature F. J. Loughborough (M. D. or other) MD
 Address 2578 So Jefferson Date signed 2-27-48

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.

Not Embalmed

Signed *J. H. [Signature]*

Licensed Embalmer No. *1619*

P. O. Address *St. Louis*

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.