

Primary Registration District No. **100**

**1. PLACE OF DEATH:**

(a) County St. Louis Mo  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution Infirmary Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 9/23/47  
to 6/27/48 (Specify whether years, months or days)

3: (a) PRINT FULL NAME Julia Dunigan

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

4. Sex Female 5. Color or race White 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 3/21/1867  
(Month) (Day) (Year)

8. AGE: Years 81 Months 3 Days 6 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Shoe Worker

11. Industry or business \_\_\_\_\_

12. Name Michael Dunigan

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

14. Maiden name J. J. J.

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

16. (a) Informant City Infirmary Records  
(b) Address 5800 Arsenal St.

17. (a) Burial (b) Date thereof June 24, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director \_\_\_\_\_

(b) Address 1389 Lafayette St.

19. (a) JUN 28 1948 (b) J. J. Brulich  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County over  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4360 Washington  
19 (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month June day 27  
year 1948 hour 4 minute 15P M.

21. I hereby certify that I attended the deceased from 5/1  
\_\_\_\_\_ 19 48 to 6/27 19 48  
\_\_\_\_\_ 19 48  
that I last saw h. er alive on 6/27  
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia Duration 2 weeks

Generalized Arteriosclerosis

Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) 108

Major findings: Of operations \_\_\_\_\_  
Of autopsy None

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?

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

23. Signature M. Arnold M. D. (M. D. or other)  
Address 5800 Arsenal Date signed 6/29/48

**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.

Signed J. Allen Deane  
Licensed Embalmer No. 4153.

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.**