

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **27658**

FILED AUG 23 1948

Registration District No. **348**

Primary Registration District No. **1003**

Registrar's No. **7179**

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:  
**3331 Gravois Ave.**  
(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)

3. (a) PRINT  
FULL NAME

**Ellie J. Duggan**

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 **Widowed**  
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if  
alive..... years  
7. Birth date of deceased **June 24th 1865**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**83 I 20** hr. min.

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

10. Usual occupation **Housewife**

11. Industry or business

MOTHER FATHER { 12. Name **Jerome Doherty**  
13. Birthplace **Ireland**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Mary Gahan**  
15. Birthplace **Ireland**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Jerome Duggan**  
(b) Address **7536 Oxford Drive**

17. (a) **Burial** (b) Date thereof **8/17/48**  
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director **Sullivan Funeral Dir.**  
(b) Address **2849 North Euclid Ave.**

19. (a) **AUG 16 1948** (b) **J. F. Bredack**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Louis**  
(c) City or town **St. Louis**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **3331 Gravois Ave.**  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Aug** day **14th** year **1948** hour..... minute.....  
21. I hereby certify that I attended the deceased from **Aug 14th** to **Aug 14th** 19**48**  
that I last saw him/her alive on **Aug 14th** 19**48**  
and that death occurred on the date and hour stated above.  
Immediate cause of death..... Duration.....

**Terminal Pneumonia**  
**apoplexy**  
**Chronic Myocarditis**  
Due to.....  
Due to.....  
Other conditions (Include pregnancy within 3 months of death).....

Major findings: Of operations.....  
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?

While at work..... (Specify type of place) (e) Means of injury.....  
23. Signature **V. G. Michael** (M. D. or other) **M. D.**  
Address **812 Olive St.** Date signed **8-14-48**

D. V. E. Michael

Chemical Bldg. 812 011 ve St.

GA. 4004

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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.**