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K47070

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 Caham

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. Braddock  
(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.  
16 (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 7 minute PM

**21. I hereby certify that I attended the deceased from** 17 Aug 1948 to 14 Aug 1948

that I last saw him/her alive on Aug 14 1948 and that death occurred on the date and hour stated above.

Immediate cause of death.....  
Terminal pneumonia  
apoplexy  
Chronic Myocarditis

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?.....

While at work..... (Specify type of place) (e) Means of injury.....

**23. Signature** W. Michael (M. D. or other) M. D.  
812 Olive St. Address Date signed 8-14-48

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

D. V. E. Michael

Chemical Bldg. 812 Old Va. 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.**