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FEDERAL SECURITY AGENCY  
National Office of Vital Statistics  
FILED NOV 6 1948  
Registration District No. 18

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH  
1003

34081  
State File No. 9216  
Registrar's No.

Primary Registration District No.

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

1. PLACE OF DEATH:

(a) County St. Louis Mo.  
 (b) City or town St. Louis Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: City Hospital No. 10  
(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 William J. Duggan  
 3. (b) If veteran, name war no  
 3. (c) Social Security No. \_\_\_\_\_

4. Sex male  
 5. Color or race white  
 6. (a) Single, widowed, married, divorced married  
 6. (b) Name of husband or wife Mary  
 6. (c) Age of husband or wife if alive 68 years  
 7. Birth date of deceased Jan. 12, 1869  
(Month) (Day) (Year)

8. AGE: Years 79 Months 9 Days 10  
 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Brick layer

11. Industry or business City of St. Louis

12. Name John Duggan

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

14. Maiden name Susan Malon

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

16. (a) Informant Mrs. Mary Duggan

(b) Address 5248 1/2 Greer

17. (a) Burial (b) Date thereof Oct. 26, 48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Catholic Cemetery

18. (a) Signature of funeral director Jos. A. Howard

(b) Address 1619 So. Grand

19. (a) OCT 25 1948 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis  
 (c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 5242 Greer  
(If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 22  
 year 1948 hour 4:06 minute \_\_\_\_\_ A. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
 and that death occurred on the date and hour stated above.

Immediate cause of death Depressed fracture of skull; Laceration of brain; when he was struck by a tractor-trailer truck driven by one Robert Kennedy Due to the intersection of 9th and Branch St. around 4:02 A.M. Oct. 22nd, 1948.

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) accident  
 (b) Date of occurrence Oct. 22, 1948  
 (c) Where did injury occur? St. Louis  
(City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?  
public place  
 see above (Specify type of place)  
 While at work? \_\_\_\_\_ (e) Means of injury see above  
 23. Signature Cecil E. Taylor (M. D. or other)  
 Address 1500 Clark 10-25-48

**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 Robert M Murray

Licensed Embalmer No. 3749

P. O. Address St Louis, Mo

**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.**