No. 300
10.48

FILED JUL 5 1949

THE DIVISION OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 20972

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 5511

| | |
|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE Missouri b. COUNTY 0-00 |
| b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis 0<br>c. LENGTH OF STAY (in this place) | c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis 17 |
| d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) City Sanatarian | d. STREET ADDRESS (If rural, give location) 11 3903 West Bell 0 |

| | | | | |
|---|---|---|---|---|
| 3. NAME OF DECEASED (Type or Print) | a. (First) DONNA | b. (Middle) | c. (Last) DUGGER | 4. DATE OF DEATH (Month) June (Day) 24 (Year) 1949 |
| 5. SEX 3 Female | 6. COLOR OR RACE Negro | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 1 | 8. DATE OF BIRTH Dec. 24, 1918 | 9. AGE (In years last birthday) 30 — IF UNDER 1 YEAR Months 6 Days 0 — IF UNDER 24 HRS. Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic | 10b. KIND OF BUSINESS OR INDUSTRY — | 11. BIRTHPLACE (State or foreign country) Trenton K.Y. 1 | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |
| 13a. FATHER'S NAME Joseph Kirby | 13b. MOTHER'S MAIDEN NAME Nannie Childs | 14. NAME OF HUSBAND OR WIFE Thomas Dugger | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. None | 17. INFORMANT'S SIGNATURE OR NAME Joseph H. Kirby | ADDRESS 3903 West Bell | |

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Tuberculosis — INTERVAL BETWEEN ONSET AND DEATH 3 mosx

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Ex: Sanguination
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
*Conditions contributing to the death but not related to the disease or condition causing death.*

| | | |
|---|---|---|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☐ |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) 13 (STATE) |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | 21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ | 21f. HOW DID INJURY OCCUR? 662X |

22. *I hereby certify that I attended the deceased from* Sept 1, 1948, *to* June 24, 1949, *that I last saw the deceased alive on* June 24, 1949, *and that death occurred at* 11:25 P.M., *from the causes and on the date stated above.*

| | | | |
|---|---|---|---|
| 23a. SIGNATURE (Degree or title) Gloria Irene Taylor M.D. | 23b. ADDRESS 4624 S. Jamieson Ave | 23c. DATE SIGNED 6/25/49 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE 6.28.49. | 24c. NAME OF CEMETERY OR CREMATORY Washington Park | 24d. LOCATION (City, town, or county) St. Louis (State) Mo |
| DATE REC'D BY LOCAL REG. JUN 27 1949 | REGISTRAR'S SIGNATURE J B Lasater | 25. FUNERAL DIRECTOR'S SIGNATURE ATKINS Bros | ADDRESS 3644 Fernsey Ave |

(Licensed Embalmer's Statement on Reverse Side)

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

gc 4451

## 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 ..... Student Embalmer No. ....., working under my personal supervision.

Signed Louis V. Atkins

Signed .....
Student Embalmer

Licensed Embalmer No. 2842

P. O. Address 3644 Finney

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.