

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. **21483**  
 Registrar's No. **5112**

FILED JUN 22 1950

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		State File No. <b>21483</b>		Registrar's No. <b>5112</b>			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY <b>St. Louis</b>							
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>		c. LENGTH OF STAY (in this place) <b>1 hr.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>University City</b>							
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>JEWISH HOSP</b>				d. STREET ADDRESS (If rural, give location) <b>7350 Amherst</b>							
3. NAME OF DECEASED (Type or Print) <b>HARRY DUGGAN</b>			a. (First)			b. (Middle)			c. (Last)		
4. DATE OF DEATH <b>June 9, 1950</b>			(Month)			(Day)			(Year)		
5. SEX <b>MALE</b>		6. COLOR OR RACE <b>WHITE</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>		8. DATE OF BIRTH <b>unk.</b>		9. AGE (In years last birthday) <b>6 9 7</b>		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of life, even if retired) <b>airor</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Retail</b>			11. BIRTHPLACE (State or foreign country) <b>USSR</b>			12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		
13a. FATHER'S NAME <b>Unk. Duggan</b>				13b. MOTHER'S MAIDEN NAME <b>Unk.</b>				14. NAME OF HUSBAND OR WIFE <b>Mary</b>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>491-34-9538</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Mary Duggan 7350 Amherst</b>							
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Harry Duggan - common hyperkalemia</b> INTERVAL BETWEEN ONSET AND DEATH <b>one hr</b> ANTECEDENT CAUSES <b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b> DUE TO (b) _____ 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 <input type="checkbox"/> NO <input type="checkbox"/>	
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) (STATE)						
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21f. HOW DID INJURY OCCUR? <b>H2O1</b>						
22. I hereby certify that I attended the deceased from <b>Jan 1949</b> , to <b>6-9-1950</b> , that I last saw the deceased alive on <b>6-8-1950</b> , and that death occurred at <b>9:05</b> m., from the causes and on the date stated above.											
23a. SIGNATURE (Name or title) <b>Ham Jaudel - M.D.</b>				23b. ADDRESS <b>634 N. Grand St. Kansas City</b>				23c. DATE SIGNED <b>6-10-50</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>6/11/50</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Chesed Shelometh</b>			24d. LOCATION (City, town, or county) (State) <b>University City Mo.</b>				
DATE REC'D BY LOCAL REG. <b>JUN 11 1950</b>		REGISTRAR'S SIGNATURE <b>[Signature]</b>				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Berger Memorial 4715 McPherson</b>					

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

**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.

Student \_\_\_\_\_  
Student Embalmer.

Signed *Jewis J. Auding*  
Licensed Embalmer No. *4889*

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.