

FILED OCT 9 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31425

BIRTH NO. 00559-50 REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3058 Registrar's No. 170

1. PLACE OF DEATH a. COUNTY St. Charles		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Charles		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bridgeton Terrace	
c. LENGTH OF STAY (in this place) 1 Day		d. STREET ADDRESS (If rural, give location) #36 St. Marys Lane	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Josephs Hospital			

3. NAME OF DECEASED (Type or Print)	a. (First) Infant	b. (Middle) Dugan	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) 9)23)50
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 9)21)50	9. AGE (In years last birthday) 0	10 UNDER 1 YEAR 1 Months	11 UNDER 1 HR. 0 Hours 0 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None	10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (State or foreign country) St. Charles Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Dwight Dugan	13b. MOTHER'S MAIDEN NAME June Hanson	14. NAME OF HUSBAND OR WIFE None
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Dwight Dugan	ADDRESS #36 St. Mary Lane
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Respiratory failure??		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above, cause (a) stating the underlying cause last. DUE TO (b) prematurity (3 lbs)		
	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"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from Sept 21, 1950, to Sept 23, 1950, that I last saw the deceased alive on 9/23, 1950, and that death occurred at 8:05 m., from the causes and on the date stated above.

23a. SIGNATURE Paul B. Vatterott M.D.	(Degree or title) M.D.	23b. ADDRESS St Louis Co 10300 St Charles Rd (14)	23c. DATE SIGNED 9/23/50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 9)25)50	24c. NAME OF CEMETERY OR CREMATORY Fee Fee Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis County Mo.
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DATE REC'D BY LOCAL REG. 9-25-50	REGISTRAR'S SIGNATURE Francis Hamilton	25. FUNERAL DIRECTOR'S SIGNATURE Collins Funeral Home	ADDRESS 10123 St. Charles A.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

923
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File No.
DISTRICT HEALTH OFFICE NO. 4

OCT - 2 1950

RECEIVED

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 *No Embalming*

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.