

# STANDARD CERTIFICATE OF DEATH

State File No. **44067**

FILED JAN 8 - 1953  
BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **548** Registrar's No. **3277**

1007

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

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Webster Groves</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Webster Groves</b>	
c. LENGTH OF STAY (In this place) <b>6 Years</b>		d. STREET ADDRESS (If rural, give location) <b>1400 S. Rock Hill Road</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1400 S. Rock Hill Road</b>			

3. NAME OF DECEASED a. (First) <b>ROBERT</b> (Type or Print)			b. (Middle) <b>WILLIAM</b>			c. (Last) <b>DUGGER</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>12/23/1952</b>		
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5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never Married</b>		8. DATE OF BIRTH <b>7/26/1931</b>		9. AGE (In years last birthday) <b>21</b>		10. MONTHS <b>4</b>		11. DAYS <b>27</b>		12. HOURS <b>0</b>		13. MIN. <b>0</b>	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Clerk</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>Paint Co. U.</b>				11. BIRTHPLACE (State or foreign country) <b>St. Louis</b>				12. CITIZEN OF WHAT COUNTRY? <b>USA</b>			
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13a. FATHER'S NAME <b>Arch W. Dugger</b>				13b. MOTHER'S MAIDEN NAME <b>Dorothy Garrison</b>				14. NAME OF HUSBAND OR WIFE <b>None</b>			
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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) <b>No</b>		16. SOCIAL SECURITY NO. <b>495-30-8340</b>		17. INFORMANT'S SIGNATURE OR NAME <b>A. W. Dugger</b>		ADDRESS <b>1400 S. Rock Hill Road</b>	
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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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral embolism</b>						MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  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 checked="" 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) <b>7955</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE <b>Robert P. Dugger</b> <i>By: R.C. Ferland</i>		23b. ADDRESS <b>651 S. Brentwood Blvd.</b>		23c. DATE SIGNED <b>12-29-52</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Cremation</b>		24b. DATE <b>2/26/52</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Valhalla Chapel</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis County Missouri</b>	
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DATE REC'D BY LOCAL REG. <b>12-24-52</b>		REGISTRAR'S SIGNATURE <b>Herbert R. Donahue</b>		F. D. S. FUNERAL DIRECTOR'S SIGNATURE <b>Ambruster Mortuary</b>		ADDRESS <b>6633 Clayton Road</b>	
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(Licensed Embalmer's Statement on Reverse Side)

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed.....

*Ernest W. Killers*

Signed.....

Student Embalmer

Licensed Embalmer No. 4080

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:.....