

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16610

State File No.

FILED MAY 9 1953

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 506 Registrar's No. 1266

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| 1. PLACE OF DEATH a. COUNTY <u>St. Louis</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u> | |
| b. CITY OR TOWN <u>Lemay</u> | c. LENGTH OF STAY (in this place township) <u>5 yrs.</u> | c. CITY OR TOWN <u>Lemay 4870</u> | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>128 E. Etta</u> | | e. STREET ADDRESS (If rural, give location) <u>128 E. Etta</u> | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary</u> | b. (Middle) | c. (Last) <u>Dugan</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>May 1, 1953</u> |
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| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u> | 8. DATE OF BIRTH <u>May 13, 1861</u> | 9. AGE (In years last birthday) <u>92</u> | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 1 HR. Hours _____ Min. _____ |
|----------------------|-------------------------------|---|--------------------------------------|---|---|---------------------------------------|

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| 10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) <u>None - housewife</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>None At Home</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>Philadelphia, Pa.</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u> |
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| 13a. FATHER'S NAME <u>Henry Dugan</u> | 13b. MOTHER'S MAIDEN NAME <u>Unknown</u> | 14. NAME OF HUSBAND OR WIFE <u>None</u> |
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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) <u>No</u> | 16. SOCIAL SECURITY NO. <u>None</u> | 17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>Essie Dugan, 6122 Worth, Dallas, Texas</u> |
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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, asthenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u> |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</u> | | |
| | 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. | | <u>4222</u> | |

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| 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) |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.) | 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 April 1, 1953, to May 1, 1953, that I last saw the deceased alive on April 30, 1953, and that death occurred at 9 p. m., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) <u>Clive Antounee M.D.</u> | 23b. ADDRESS <u>7619 Irving</u> | 23c. DATE SIGNED <u>May 4, 53</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Entombment</u> | 24b. DATE <u>5-4-53</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove Mausoleum</u> | 24d. LOCATION (City, town, or county) (State) <u>St. Louis Co., Mo.</u> |
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| DATE REC'D BY LOCAL REG. <u>5-4-53</u> | REGISTRAR'S SIGNATURE <u>Herbert R. Dink - MD</u> | 25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>Harrigan-Sheahan, 4700 Washington Blvd</u> |
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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.....
Signature of Student Embalmer

Signed.....
John J. Harris
Licensed Embalmer No. 4108

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.