

Registration District No. **791**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St. Louis **2**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
4918 1/2 Tholozan Ave  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County \_\_\_\_\_  
(c) City or town St. Louis **14**  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4918 1/2 Tholozan Ave  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 30<sup>th</sup>  
year 1940 hour 7<sup>05</sup> minute P M.

21. I hereby certify that I attended the deceased from  
Nov. 22 1939 to June 30 1940  
that I last saw him alive on June 28 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death:  tumor of Brain  
(Left Temporal lobe)  
Due to Malignant Duration 8 mo.

Due to \_\_\_\_\_  
Due to 53  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Left Temporal lobe tumor  
Of operations: Dr. R. T. Furlow - Surgeon  
Of autopsy: none  
PHYSICIAN: \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) \_\_\_\_\_ (e) Means of injury \_\_\_\_\_  
23. Signature Eurett J. Javoy (M. D. or other) \_\_\_\_\_  
Address 607 No. Grand Blvd Date signed 7-1-40

3. (a) PRINT FULL NAME John J. Duggan **250**

3. (b) If veteran, name war None 3. (c) Social Security No. No. 722

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Loretta Duggan 6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased April 14<sup>th</sup> 1884  
(Month) (Day) (Year)

8. AGE: Years 56 Months 2 Days 16 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace St. Louis Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation mail carrier **5**

11. Industry or business \_\_\_\_\_

12. Name Michael Duggan

13. Birthplace Ireland  
(City, town, or county) (State or foreign country)

14. Maiden name Jehanna Maher

15. Birthplace New Orleans Louisiana  
(City, town, or county) (State or foreign country)

16. (a) Informant Loretta Duggan

(b) Address 4918 1/2 Tholozan Ave

17. (a) Burial (b) Date thereof 7-3-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Gregory W. Masterson

(b) Address 4228 Levington Highway  
**JUL 2 1940** (Date received local registrar) (b) J. J. Bredich (Signature of Registrar)

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

Mr. E. J. Jovanov  
N. Olive 12-3

**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 \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_ working under my personal supervision.

Signed *Edmund J. Bernhardt*  
Licensed Embalmer No. 3024  
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.