DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 23918

Registration District No. 791 — Primary Registration District No. 1003 — Registrar's No. 6363

AUG 25 1940

1. PLACE OF DEATH:

(a) County St. Louis, Mo.

(b) City or town St. Louis. (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: City Infirmary. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution December 15, 1938 (Specify whether In this community 15yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St.

(c) City or town St. Louis, (If outside city or town limits, write "RURAL")

(d) Street No. 5800 Arsenal St. (If rural, give location)

(e) If foreign born, how long in U. S. A.? American years.

3. (a) PRINT FULL NAME Rebecca Dugan 250

3. (b) If veteran, name war Unknown

3. (c) Social Security No. Unknown

4. Sex Female

5. Color or race Colored

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife UNKNOWN

6. (c) Age of husband or wife if alive years

7. Birth date of deceased x (Month) x (Day) 1878 (Year)

8. AGE: Years 62 Months x Days x If less than one day hr. min.

9. Birthplace Arkansas. (City, town, or county) (State or foreign country)

10. Usual occupation No Occupation.

11. Industry or business x

FATHER
12. Name George Brown.
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Caroline Williams
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant's own signature E. Molony

(b) Address 5800 Arsenal St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-1-40 (Month) (Day) (Year)

(c) Place: burial or cremation Pacific Mo

18. (a) Signature of funeral director Atkins Bros

(b) Address 3644 Finney ave

19. (a) JUL 29 1940 (Date received local registrar) (b) J. F. Bredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 29, year 1940 hour 5:00 minute a. M.

21. I hereby certify that I attended the deceased from December 15, 1938 to July 29, 1940 that I last saw her alive on July 29, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Degenerative Heart Disease	
Due to Arteriosclerosis	
Due to	
Other conditions Arthritis Rheumatoid (Include pregnancy within 3 months of death)	

Major findings:
Of operations
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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Geo. S. Bazalis M.D. (M. D. or other)

Address Date signed

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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 Louis V. Atkin

Licensed Embalmer No. 2842

P. O. Address 3644 Finney

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.