

No. 2  
4-13-40  
5-17-39  
PI X23159

FILED MAY 13 1941

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 12778

Registration District No. 791 791 Primary Registration District No. 1003 1003 Registrar's No. 3208

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43  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:  
(a) County \_\_\_\_\_  
(b) City or town St. Louis.  
(c) Name of hospital or institution: City Hospital.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 6 Days.  
In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME Louis H. Dugan.  
(b) If veteran, name war No. \_\_\_\_\_ (c) Social Security No. None.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
(b) Name of husband or wife Beatrice Dugan. (c) Age of husband or wife if alive 65 years  
7. Birth date of deceased February 24 1856.  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
85 1 18 hr. min.

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

10. Usual occupation Carpenter, Unemployed.

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

MOTHER FATHER  
12. Name Unknown.  
13. Birthplace Unknown. (City, town, or county) (State or foreign country)  
14. Maiden name Unknown.  
15. Birthplace Unknown. (City, town, or county) (State or foreign country)

16. (a) Informant Blanche Van Orden.

(b) Address 5876a Enright Ave.

17. (a) Burial (b) Date thereof 4-15-41.  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Paul Churchyard.

18. (a) Signature of funeral director By. Leidner Und. Co

(b) Address 2223 St. Louis Ave.

19. (a) APR 14 1941 (b) R. Budick  
(City or town, or county) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri. (b) County 000  
(c) City or town St. Louis. (If outside city or town limits, write "RURAL")  
(d) Street No. 1215 Clinton St. (If rural, give location)  
No Attending Physician  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 15  
year 1941 hour 1255 minute \_\_\_\_\_ P.M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death:  
Fracture of skull suffered when he fell on sidewalk in the vicinity of 7th and Cass Ave  
on April 5th 1941 exact time  
Unknown

Other conditions:  
(Include pregnancy within 3 months of death)  
1860

Major findings:  
Of operations 1899  
Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence 4/5/41

(c) Where did injury occur? St. Louis (City or town) (County) (State) MO

(d) Did injury occur (a) about home, on farm, in industrial place, in public place?  
Public Place

(b) While at work? (c) Means of injury \_\_\_\_\_

23. Signature Alfred Perry (M. D. or other) 3

Address St. Louis Date signed 4/15/41

**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.....

Licensed Embalmer No. 16740

P. O. Address 2223 St. Louis 4

**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.**