

S. No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 11372

Registrar's No. 683

FILED APR 15 1943
Registration District No. 111

Primary Registration District No. 111

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

76
8
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1. PLACE OF DEATH:

(a) County... St. Louis

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

(c) Name of hospital or institution: _____
(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 (Specify whether)

3. (a) PRINT FULL NAME Pat M Dunigan

3. (b) If veteran, name war _____ 3. (c) Social Security No. none

4. Sex M 5. Color or Race W

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

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

7. Birth date of deceased March 7 1943
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
			<u>3</u>	_____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER

12. Name Joseph D. Dunigan

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

14. Maiden name Elcon Davis

15. Birthplace Wilson Oklahoma
(City, town, or county) (State or foreign country)

16. (a) Informant Joseph D. Dunigan

(b) Address Olney, Illinois

17. (a) Removal (b) Date thereof 3/10/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Olney, Illinois

18. (a) Signature of funeral director Albert H. Hoppe Inc.

(b) Address 4700 Washington Blvd.

19. MAR 12 1943 (Date received local registrar)

(b) W. Mc Garrahan (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 999

(a) State Illinois (b) County Richland

(c) City or town Olney
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country 2.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 10
year 1943 hour 3 minute 35 P. M.

21. I hereby certify that I attended the deceased from 3/7/43
_____, 19____, to 3/10, 1943
that I last saw him alive on 3-10, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Tuberculosis

Due to mal-development

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings: Absence of anus & mal-development of rectum

Of operations _____

Of autopsy 15791

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 W. Mc Garrahan (M. D. or other) _____

Address W. Mc Garrahan Date signed 3-10-43

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 *Robert W. Wayne*

Licensed Embalmer No. *1861*

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.