

FILED MAY 10 1944
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Registration District No. Primary Registration District No. 1003 Registrar's No. 4229

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 4200 Russell Blvd. /
(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 Missouri (b) County 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL") 917
(d) Street No. 4200 Russell Blvd.
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country..... 0

3. (a) PRINT FULL NAME Rose Duggan
(b) If veteran, name war No
3. (c) Social Security No. None

4. Sex Female 5. Color or race White 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 May 2 1865
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
79 0 4 hr. min.

9. Birthplace Unknown Ireland 4
(City, town, or county) (State or foreign country)

10. Usual occupation at Home

11. Industry or business.....

MOTHER FATHER { 12. Name John Duggan
13. Birthplace Unknown Ireland 4
(City, town, or county) (State or foreign country)
14. Maiden name Ann McGuire
15. Birthplace Unknown Ireland 4
(City, town, or county) (State or foreign country)

16. (a) Informant Bernice Kaufman
(b) Address 6325 Washington Blvd.

17. (a) Burial (b) Date thereof 5-9-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Cullinane Bros.
(b) Address 1710 N. Grand Blvd.

19. (a) MAY 9 1944 J. F. Brodeur
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 6
year 1944 hour 7 minute 0 a. M.

21. I hereby certify that I attended the deceased from 9/20 1923 to 5/8 1944
that I last saw him alive on 5/5 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial infarction
He also had chronic
Due to arteriosclerosis and arterial
obstruction
Due to..... 92
Other conditions (Include pregnancy within 3 months of death)
Dr. L. Parnian

Major findings:
Of operations.....
Of autopsy.....

Duration
Underline the cause to which death should be charged statistically.
PHYSICIAN

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 Dr. R. Parnian (M. D. or other)
Address 3903 Colina Date signed 5/7-44

WRITE PLAINLY—USE 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.....

....., Registered Apprentice No.

working under my personal supervision.

Signed.....

Fred Frick

Licensed Embalmer No. 3186

P. O. Address St. Louis, Mo.

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.