S. No. 2
M—5-43
. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 10 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 14663

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 3969

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: Alexian Bros. Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 weeks (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96

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

(d) Street No. 6918 Lexington Ave
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Thomas E. Dungan

3. (b) If veteran, name war None

3. (c) Social Security No. 488-03-9356

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Mamie B. Dungan

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

7. Birth date of deceased July 8, 1881
(Month) (Day) (Year)

8. AGE: Years 64 Months 9 Days 22 If less than one day hr. min.

9. Birthplace Unknown (City, town, or county) Tenn. / (State or foreign country)

10. Usual occupation Watchman

11. Industry or business American Can Co.

FATHER
12. Name Nelson A. Dungan
13. Birthplace Unknown (City, town, or county) Texas / (State or foreign country)

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

16. (a) Informant James W. Dungan
(b) Address 6918 Lexington Pine Lawn, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/3/46 (Month) (Day) (Year)
(c) Place: burial or cremation Lake Charles Cemetery

18. (a) Signature of funeral director Math Hermann & Son
(b) Address 2161 East Fair Ave

19. (a) MAY 1 1946 (Date received local registrar) J. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 30, year 1946 hour 4:15 AM minute M.

21. I hereby certify that I attended the deceased from Aug, 1945, to 4/29, 1946 that I last saw him alive on 4-29-, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Apoplexy	Sudden
Due to Hypertensive cardio vascular	2 yrs
Due to renal disease	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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 0

23. Signature D D Michael (M. D. or other) MD

Address 812 Olive Date signed 4/30/46

(Licensed Embalmer's Statement on Reverse Side)

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 Raymond F. Hoffmann

Licensed Embalmer No. 4266

P. O. Address St. Louis 7, 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.