

Registration District No. **318**

Primary Registration District No. _____

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:
St. Louis Childrens Hospital
(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 Illinois (b) County Fayette **999**
 (c) City or town Vandalia **11**
(If outside city or town limits, write "RURAL")
 (d) Street No. N.A. **0**
(If rural, give location)
 (e) Citizen of foreign country? _____ **2**
(Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Martin G. Dugan
 3. (b) If veteran, No 3. (c) Social Security No. None
 name war _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 22
 year 1948 hour 5 minute 45 P.M.

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

4. Sex Male **0** 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 July 11 1946
(Month) (Day) (Year)

Immediate cause of death
Hydrocephalus
 Due to _____
157
 Due to _____
 Other conditions _____
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day
1 11 11 _____ hr. _____ min.
 9. Birthplace Vandalia Illinois /
(City, town, or county) (State or foreign country)
 10. Usual occupation Child

MOTHER FATHER

11. Industry or business _____
 12. Name _____
 13. Birthplace _____
(City, town, or county) (State or foreign country)
 14. Maiden name Marjorie Dugan
 15. Birthplace Vandalia Illinois /
(City, town, or county) (State or foreign country)
 16. (a) Informant Marjorie Dugan
 (b) Address Vandalia, Ill.
 17. (a) Removal (b) Date thereof 6-23-48
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Mulberry Grove, Ill.
 18. (a) Signature of funeral director Albert H. Hoppe
4700 Washington Blvd.
 (b) Address **JUN 23 1948**
 19. (a) _____ (b) J. F. Brennan
(Date received local registrar) (Registrar's signature)

PHYSICIAN

Major findings:
 : Of operations _____
 Of autopsy _____
 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?
 While at work? _____
(Specify type of place) (Means of injury)
 23. Signature Patrick E. Tolson M. D. or other _____
 Address Dep. Comm. Date signed 6/23/48

WRITE PLAINLY—USE INK—FILL IN SPACES

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 John S. Denne
Licensed Embalmer No. 4194
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.