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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 2 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 38054

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9479

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

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: 5301 Page Blvd. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10-Months (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000 17

(c) City or town St. Louis (If outside city or town limits, write "RURAL") 9

(d) Street No. 5301 Page Blvd. (If rural, give location) 0

(e) Citizen of foreign country? 12 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Janet Irene Dugan

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F.

5. Color or race W.

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Dec. 20th., 1947 (Month) (Day) (Year)

8. AGE: Years 0 Months 10 Days 10 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)

10. Usual occupation Nil

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace (City, town, or county) Unknown (State or foreign country)

MOTHER
14. Maiden name Teresa Dugan
15. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Sister Mary Helen

(b) Address 5301 Page Blvd.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-2-48 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Arthur J. Donnelly

(b) Address 3840 Lindell Blvd.

19. (a) NOV 1 1948 (Date received local registrar) (b) J. B. Lasater (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 30th., year 1948 hour 11 minute p. M.

21. I hereby certify that I attended the deceased from Oct 20 1948 to Sept 1948 that I last saw her alive on and that death occurred on the date and hour stated above.

Immediate cause of death Internal hemorrhage

Due to Ingestion foreign body - safety pin

Due to

Other conditions (Include pregnancy within 3 months of death) 195

Major findings: Of operations

Of autopsy open safety pin in stomach

Duration 12 hrs.

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 000

(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

23. Signature Jackson Oto (M. D. or other) M.D.

Address 634 N. Grand Date signed 11/1/48

(Licensed Embalmer's Statement on Reverse Side)

Dr. P. B. Davis Office
Mo. the Bldg.

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 Stanley Marshall

Licensed Embalmer No. 2868

P. O. Address 3840 Lindell

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.