

FILED MAY 5 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13723
Registrar's No. 3745

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

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|--|--|---|--|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST LOUIS MO | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST LOUIS | |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION CITY SANITARIUM | | d. STREET ADDRESS (If rural, give location) 5300 ARSENAL | |

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|--|------------|--------------------|-----------|---|
| 3. NAME OF DECEASED (Type or Print) THOMAS | a. (First) | b. (Middle) DUGGAN | c. (Last) | 4. DATE OF DEATH (Month) (Day) (Year) Apr. 22, 1949 |
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|---------------|------------------------|---|-------------------------------|------------------------------------|----------------------------|----------------------------|--------------------------|
| 5. SEX U MALE | 6. COLOR OR RACE WHITE | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE | 8. DATE OF BIRTH JAN 4 - 1874 | 9. AGE (In years last birthday) 75 | 10. IF UNDER 1 YEAR Months | 11. IF UNDER 24 HRS. Hours | 12. IF UNDER 1 MIN. Min. |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ODD JOBS | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) IRELAND | 12. CITIZEN OF WHAT COUNTRY? |
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|----------------------------|-----------------------------------|-----------------------------|
| 13a. FATHER'S NAME UNKNOWN | 13b. MOTHER'S MAIDEN NAME UNKNOWN | 14. NAME OF HUSBAND OR WIFE |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) UNKNOWN | 16. SOCIAL SECURITY NO. | 17. INFORMANT'S SIGNATURE OR NAME Margaret Kelly | ADDRESS 2335 Muller |
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| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage | | INTERVAL BETWEEN ONSET AND DEATH 4/22/49 |
| *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
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| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 83a |
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| | | |
|--|--|---------------------------------|
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? 331X |
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22. I hereby certify that I attended the deceased from Sept. 27, 1948, to Apr. 22, 1949, that I last saw the deceased alive on Apr. 22, 1949, and that death occurred at 4:50 p. m., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) Clark R. Delaney | 23b. ADDRESS 5400 Arsenal St. | 23c. DATE SIGNED 4/25/49 |
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|--|-------------------|--|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | 24b. DATE 4-27-49 | 24c. NAME OF CEMETERY OR CREMATORY GALVARY | 24d. LOCATION (City, town, or county) (State) ST LOUIS MO |
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| DATE REC'D BY LOCAL A.P.H. 25 1949 REG. | REGISTRAR'S SIGNATURE J. B. Laster | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Bullen Kelly 4386 Lindell |
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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.....

..... Student Embalmer No.

working under my personal supervision.

Signed Ralph W Henson

Signed.....
Student Embalmer

Licensed Embalmer No. 3791

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.