

FILED DEC 1 1950

STANDARD CERTIFICATE OF DEATH

38439  
9808

State File No. ....  
Registrar's No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MO</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis, Missouri</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St Louis 2139</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>City Infirmary Hospital</b>		e. STREET ADDRESS <b>13 City Infirmary</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Dan</b>	b. (Middle)	c. (Last) <b>Dugan</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Nov. 18, 1950.</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <b>May 28, 1878</b>	9. AGE (In years last birthday) <b>72</b>	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) <b>Laborer</b>	10b. KINDS OF BUSINESS OR INDUSTRY <b>Retired</b>	11. BIRTHPLACE (State or foreign country) <b>Ireland</b>	12. CITIZEN OF WHAT COUNTRY? <b>4</b>
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13a. FATHER'S NAME <b>Samuel Dugan</b>	13b. MOTHER'S MAIDEN NAME <b>Janie Baron</b>	14. NAME OF HUSBAND OR WIFE <b>James Monard</b>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Year, or unknown)	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Infirmary Records</b>	ADDRESS <b>Records</b>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Atherosclerotic Heart Disease</b>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>H2O</b>
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22. I hereby certify that I attended the deceased from **Sept. 1, 1950**, to **Nov. 18, 1950**, that I last saw the deceased alive on **Nov. 18, 1950**, and that death occurred at **8:25A.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>George M. Janala, M.D.</b>	23b. ADDRESS <b>5600 Arsenal Street</b>	23c. DATE SIGNED <b>Nov. 18, '50</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <b>Nov. 20, 1950</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Calvary Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>NOV 19 1950</b>	REGISTRAR'S SIGNATURE <b>J. B. Casater</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Quinn Funeral Home</b>	ADDRESS <b>1389 1/2 Union</b>
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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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed \_\_\_\_\_

*Ronald Yalsonke*

Signed .....

Student Embalmer

Licensed Embalmer No. 3917

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.