

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

19703

1. PLACE OF DEATH

County Warren
Township Barrette
City Marthasville Mo. (No. _____) St. _____ Ward _____

Registration District No. 884
Primary Registration District No. 6176

File No. _____
Registered No. 8

2. FULL NAME

Johan Wilhelm Heinrich Ducker

(a) Residence No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 14 yrs. 7 mos. 4 da. How long in U.S., if of foreign birth? _____ yrs. _____ mos. _____ da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lydia Ducker

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 27 1851
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
77 1 15

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Painter and Art
(b) General nature of industry, business, or establishment in which employed (or employer) r
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Quatrich
(STATE OR COUNTRY) Germany

10. NAME OF FATHER Anton Heinrich Ducker

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Germany
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Maria Eichholz

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Germany
(STATE OR COUNTRY)

14. INFORMANT Anton Ducker
(Address) Marthasville Mo.

15. FILED May 12 28 J. C. Johnson
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2
16. DATE OF DEATH (MONTH, DAY AND YEAR) May 11 19 78
17. I HEREBY CERTIFY That I attended deceased from Oct _____, 1975, to May 11, 1978
that I last saw him alive on May 11, 1978, and that death occurred, on the date stated above, at 5:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

93E Bronchiectasis
106B chronic myocarditis
(duration) 7 yrs. _____ mos. _____ da.
CONTRIBUTORY acute bronchitis
(SECONDARY) (duration) _____ yrs. _____ mos. 4 da.

18. WHERE WAS DISEASE CONTRACTED _____
IF NOT AT PLACE OF DEATH _____

0 DID AN OPERATION PRECEDE DEATH? no DATE OF _____
WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS clinical
(Signed) J. W. Schwardt, M. D.
, 19 (Address) Marthasville Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Holstein Mo DATE OF BURIAL May 16 19 78

20. UNDERTAKER Fred W. Lichtenberg ADDRESS Marthasville Mo.

X. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

