

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

Do not use this space.

6646

**1. PLACE OF DEATH**

County..... Registration District No. 791  
Township..... Primary Registration District No. 1003  
City St. Louis (No. 3617 Lee Ave)

File No.....  
Registered No. 1466  
St. .... Ward)

**2. FULL NAME**

John A. Ducker  
(a) Residence No. 3617 Lee Ave St. 10 Ward.....  
(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**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 Katherine Ducker

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 28 - 1867

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
62 5 12

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work. Teller  
(b) General nature of industry, business, or establishment in which employed (or employer). Mississippi V.I. Co.  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St. Louis  
(STATE OR COUNTRY) Mo.

10. NAME OF FATHER Hermon H. Ducker

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

12. MAIDEN NAME OF MOTHER Anna Barmeyer

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St. Louis  
(STATE OR COUNTRY) Mo.

14. INFORMANT Mo. John A. Ducker  
(Address) 3617 Lee Ave

15. FILED FEB 11 1930 May C. Starker  
REGISTRAR

**3 MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 10 1930  
17.

I HEREBY CERTIFY, That I attended deceased from January 22, 1930, to Feb 10, 1930, that I last saw him alive on Feb 10, 1930, and that death occurred, on the date stated above, at 2 40 P m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Broncho-pneumonia  
10 1/4  
11 5/8 (duration) yrs. mos. 18 ds.

CONTRIBUTORY (SECONDARY) General debility (focal infection about teeth) decayed teeth (duration) yrs. mos. ds.

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

DID AN OPERATION PRECEDE DEATH? No DATE OF.....  
WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical  
(Signed) Arthur S. deMay, M. D.  
2/11 1930 (Address) 40467 Grand Bl.

\*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 Calvary Cemetery DATE OF BURIAL Feb 1930

20. UNDERTAKER Peltz Bros 3029 Lafayette Ave ADDRESS

N. 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.

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Cefax 8090

Res. - 1201