

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

Do not use this space.

**1. PLACE OF DEATH**

County St. Louis  
Township St. Louis  
City St. Louis

Registration District No. 785-  
Primary Registration District No. 603  
(No. Manufacture Nursing Home St. \_\_\_\_\_ Ward)

File No. 3010  
Registered No. 40

**2. FULL NAME** Helena J. Duncan

(a) Residence, No. 6300 1/2 Hobart Ave. St. \_\_\_\_\_ Ward \_\_\_\_\_

(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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Duncan

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 10, 1857

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
75 9 8

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) London England

FATHER 13. NAME Robert J. Zilsey

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England

MOTHER 15. MAIDEN NAME Mary Stone

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England

17. INFORMANT (ADDRESS) Mr. Harry Duncan 6300 1/2 Hobart Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Laurel Hill Cem. DATE Jan. 20 1933

19. UNDERTAKER (ADDRESS) Geo. L. Plitcher Inc. 5966-68 Clayton Ave.

20. FILED Jan. 20 1933 L. E. Barnett Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 18 1933

22. I HEREBY CERTIFY that I attended deceased from 1-6-33 1933, to Jan. 18 1933

I last saw her alive on Jan. 18 1933. Death is said

to have occurred on the date stated above, at 4:30 a.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Breast

Date of onset

50

92A

50

Other contributory causes of importance: Val. Heart Disease

Name of operation Thyroidectomy Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_ 1933

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? Yes  
If so, specify \_\_\_\_\_

(Signed) L. C. O'Brien, M. D.  
(Address) Clayton Mrs.

