

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

Do not use this space.

21679

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City **St. Louis** (No. **City 1, 4th**)

File No.
Registered No. **5478**
St. Ward

2. FULL NAME

Henry Duncan, Sr
(a) Residence, No. **1600 S. 14th St.** St. **13** Ward.
(Usual place of abode)
Length of residence in city or town where death occurred **13** yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~Unknown~~ **Opal Duncan**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug-19-1900
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
32 **10** **3**

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Electric Shop
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) Anna, Illinois

FATHER
13. NAME John B. Duncan
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scotland

MOTHER
15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Opal Duncan, 1600 S. 14th St

18. BURIAL, CREMATION, OR REMOVAL
PLACE **Sunset** DATE **June-24** 19**33**

19. UNDERTAKER (ADDRESS) A. H. McLaughlin, 1631 Mississippi

20. FILED JUN 24 1933 **J. F. Bredeck** Registrar

MEDICAL CERTIFICATE OF DEATH
No physician in attendance
21. DATE OF DEATH (MONTH, DAY, AND YEAR) June-22-1933
22. I HEREBY CERTIFY, that I attended deceased from 19....., to 19.....
I last saw him..... alive on 19..... Death is said to have occurred on the date stated above, at **12:15 P.M.**
The principal cause of death and related causes of importance were as follows:
164 A
Asphyxiation due to fuel gas poisoning, self administered at residence.
Other contributory causes of importance:
Suicide 164
Name of operation..... 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 **Suicide** Date of injury **6/21**, 19**33**
Where did injury occur? **St. Louis, Mo.**
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury **Climbed**
Nature of injury **Fuel Gas Poisoning**
24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) **Harold G. Shubert**
6/23 (Address) **Deputy Coroner**

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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