

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.

FEB 2 1 1935

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

Do not use this space.

1. PLACE OF DEATH

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

Registration District No. 791
Primary Registration District No. 1003
(No. 2209 Park Ave.)

File No. 3694
Registered No. 1015
St. Ward)

2. FULL NAME Leona Duncan.

(a) Residence, No. 2209 Park Ave. St. 22 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) Married.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June, 22, 1865.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
69 7 3

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. Home.

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) Germany.

13. NAME Henry Doremeyer.

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

15. MAIDEN NAME Louise Wesel.

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

17. INFORMANT (ADDRESS) Louise Briley. 2209 Park Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Evansville Ind. DATE 19.....

19. UNDERTAKER (ADDRESS) A. W. McLaughlin 2301 Lafayette Ave.

20. FILED 20 19 20 J. T. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan, 25. 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 16, 19..... to Jan 25, 1935
I last saw him alive on Jan 25, 1935 Death is said to have occurred on the date stated above, at 9 A. m.
The principal cause of death and related causes of importance were as follows:

Brown hemorrhage on the brain
acute myocarditis
Date of onset Jan 16.

Other contributory causes of importance:
acute myocarditis
Jan 17

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?..... Date of injury..... 19.....
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?.....
If so, specify.....

(Signed) Emmy Ross, M. D.
(Address) 1918 St. Grandola

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1015