

REC'D APR 12 1939

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

8679

Do not use this space.

2444

1. PLACE OF DEATH

(a) County 2 Registration District No.
(b) Township 1 Primary Registration District No. Registered No.
(c) City St. Louis, Mo. (d) Street No. 5351 Delmar St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 2 yrs. 1 mos. 8 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

263 Mrs. Katherine Cornelia Duckworth
(a) Residence, No. 5351 Delmar Blvd. St. 12
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF J.P. Arthur Duckworth
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 15, 1878
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
61 1 29

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as 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) St. Louis,
(STATE OR COUNTRY) Missouri

FATHER
13. NAME Theodore Sandboth,
14. BIRTHPLACE (CITY OR TOWN) St. Louis,
(STATE OR COUNTRY) Missouri

MOTHER
15. MAIDEN NAME Mary Withers,
16. BIRTHPLACE (CITY OR TOWN) St. Louis,
(STATE OR COUNTRY) Missouri

17. INFORMANT Hilma H. Keller
(ADDRESS) 5351 Delmar, St. Louis

18. BURIAL, CREMATION, OR REMOVAL PLACE MT. LEBANON Cem. DATE Mar. 16 1939

19. FUNERAL DIRECTOR DREHMANN-HARTAL
(ADDRESS) 1905 Union Blvd.

20. FILED MAR 14 1939
J. D. Budick
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 14, 1939

22. I HEREBY CERTIFY, That I attended deceased from February 6, 37, 1939, to March 14, 39, 1939.

I last saw her alive on March 13, 39, 1939. Death is said to have occurred on the date stated above, at 6.40 A. M.
The principal cause of death and related causes of importance were as follows:

Date of onset
Chronic Myocarditis 2 yrs
Chronic Interstitial Nephritis 1 yr.

Other contributory causes of importance:
Name of operation Date of
What test confirmed diagnosis? Phy. Ex 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 1939
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 of injury in any way related to occupation of deceased? No.
If so, specify None
(Signed) John Cameron, M.D.
(Address) 508 N. Grand Blvd.

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____
hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____

_____ L. E.
No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed *R. M. Sanford*
Licensed Embalmer No. *2273*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)