

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

16713

State File No.

Registration District No. 791

Primary Registration District No.

Registrar's No. 4191

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
City Hospital #1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 8 days  
In this community 43 Years  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1454 S. Grand Ave  
(If rural, give location)  
(e) If foreign born, how long in U. S. A? 43 Years years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 9th  
year 1940 hour 1:45 AM minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred on the date and hour stated above.

Immediate cause of death Fracture of Skull; Internal hemorrhage from laceration of left lung; Fracture of the ribs

Due to when he stepped into a eastbound streetcar operated by Andrew Teason

Due to about 10:00 o'clock P.M., April 30, 1940, on front of the

Other conditions: Cremon 570 - Walker  
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence April 30, 1940

(c) Where did injury occur? St. Louis, Mo.  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
In Public Place

(Specify type of place)

While at work? \_\_\_\_\_ (e) Means of injury Streetcar

23. Signature Walter Perry (M. D. or other)

Address 1454 S. Grand Ave Date signed 5.10.40

3. (a) PRINT FULL NAME Carl Ducker 260

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive None years

7. Birth date of deceased May 1, 1875  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>65</u>	<u>0</u>	<u>8</u>	hr. _____ min. _____

9. Birthplace Germany  
(City, town, or county) (State or foreign country)

10. Usual occupation Gardner

11. Industry or business \_\_\_\_\_

12. Name Carl Ducker

13. Birthplace Germany  
(City, town, or county) (State or foreign country)

14. Maiden name NOT KNOWN

15. Birthplace Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Edward Buchholz

(b) Address 628 Red Bud Ave

17. (a) Burial (b) Date thereof 5/11/40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Friedens Cemetery

18. (a) Signature of funeral director Math Hermann & Son

(b) Address 2161 East Fair Ave

19. (a) MAY 10 1940 (b) J. F. Bruders  
(Date received local registrar) (Registrar's signature)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No. ....

.....  
working under my personal supervision.

Signed.....

*Demetrius Hampton*

Licensed Embalmer No. *2967*

P. O. Address *St. Louis, Mo.*

**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.)**

**If this body is not embalmed, above space should be left blank.**