

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH  
1003

State File No. 30375  
7652  
Registrar's No. \_\_\_\_\_

Registration District No. 791 Primary Registration District No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St. Louis, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: St. Louis City Hospital, #1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 19 Days  
In this community 3 years  
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis 23  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1606a Picker St.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Clarence Duncan

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. 313-05-6197

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

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased September 27, 1899  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
40 11 14 hr. min.

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

10. Usual occupation Brewery Worker

11. Industry or business Cook's Brewery in Indiana

12. Name Vernon Duncan

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

14. Maiden name Belle Lockhart

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

16. (a) Informant Belle Flack

(b) Address 1606 Picker St.

17. (a) Burial (b) Date thereof 9/14/40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation N. St. Marcus

18. (a) Signature of funeral director Walter Helstule

(b) Address 2331 S. Broadway

19. (a) SEP 12 1940 (b) J. G. Producers  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 11,  
year 1940 hour 6:40 minute A. M.

21. I hereby certify that I attended the deceased from August 24,  
1940, to September 11, 1940  
that I last saw him alive on September 11, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Brain Tumor  
Sporangioblastoma

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations See above  
Of autopsy See above

Duration  
1 mo.  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

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

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury 1

23. Signature J. S. Turner (M. D. or other) \_\_\_\_\_  
Address 1515 Lafayette Avenue Date signed 9/11/40

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

RECORDED OCT 25 1940

MOTHER FATHER

**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.....

*Robert Wheeler*

Licensed Embalmer No.....

*2178*

P. O. Address.....

*St Louis*

**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, fact should be so stated above.**