

No. 2
1-13-40
-17-39
X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

40484
State File No. 10255
Registrar's No.

Registration District No.

Primary Registration District No.

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

1. PLACE OF DEATH:

(a) County 3
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Enroute City Hospital #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 2 days
years, months or days)

3. (a) PRINT FULL NAME Oliver P. Duncan

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

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

6. (b) Name of husband or wife Judith M. 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased May 11, 1888
(Month) (Day) (Year)

8. AGE: Years 52 Months 7 Days 1 If less than one day _____ hr. _____ min.

9. Birthplace Spring Creek, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Salesman

11. Industry or business Coal

12. Name Samuel Duncan

13. Birthplace St. Louis Co., Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Martha Deer

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

16. (a) Informant Jos. P. Duncan
(b) Address Washington, Mo.

17. (a) Removal (b) Date thereof 12/14/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Arlington, Mo.

18. (a) Signature of funeral director H. N. McLaughlin
(b) Address 2301 Lafayette Ave

19. (a) DEC 13 1940 (b) J. H. Bredbeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis 14
(If outside city or town limits, write "RURAL")
(d) Street No. 6445 Oatha
(If rural, give location)
(e) If foreign born, how long in U.S. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 11
year 1940 hour 11 minute 45 P.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 _____

Alcoholism

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

Duration

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 5

23. Signature Alfred Henry (M. D. or other) _____
Address St. Louis Date signed 12/13/40

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

Paul A. Keith

Licensed Embalmer No. *3612*

P. O. Address *2317 Lafayette av*

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.