

DEC 22 1941 791

State File No. 9203

Registration District No. 791

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Lutheran Hospital D
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 26 hrs., 30 min.
(Specify whether
in this community life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County st. louis
(c) City or town Lemay
(If outside city or town limits, write "RURAL")
(d) Street No. 3711 Bobring Av.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME BRYAN EUGENE DUCKWORTH

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 6. (c) Age of husband or wife if alive, years

7. Birth date of deceased November 18, 1941
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
0 0 1 2 hr. 30 min.

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

10. Usual occupation infant

11. Industry or business

12. Name Bryan E. Duckworth

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

14. Maiden name Dorothy Alcorn

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

16. (a) Informant Bryan Duckworth

(b) Address 3711 Bobring Lemay, Mo.

17. (a) burial (b) Date thereof 11-21-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Matthews Cemetery

18. (a) Signature of funeral director A. H. M. Douglas

(b) Address 4301 Lafayette

19. (a) NOV 20 1941 (b) J. F. Brunek
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month november day 19
year 1941 hour 8 minute 30 a. M.

21. I hereby certify that I attended the deceased from Nov 18
1941 to Nov 19 1941
that I last saw him alive on Nov 19 1941
and that death occurred on the date and hour stated above.

Immediate cause of death

Congenital Heart

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy Congenital Heart

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?

23. Signature H. J. S. S. S. (M. D. or other) MD

Address 4703 Virginia Date signed 11-19-41

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

80
17
4

96
DNR
0
1

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

R.R. Cooper

Licensed Embalmer No.

3633

P. O. Address

2317 Lafayette

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.