No. 2
-1-4-41
5-17-39
I X25390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 13 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 8494

Registration District No. 191 Primary Registration District No. 1003 Registrar's No. 2613

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: MO. PACIFIC HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 0 (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County 12.
(c) City or town ST. LOUIS
(If outside city or town limits, write "RURAL")
(d) Street No. 5109 DELMAR BL.
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME FRANK L. DUKE

3. (b) If veteran, name war

3. (c) Social Security No. NONE

4. Sex MALE 0

5. Color or race WHITE

6. (a) ~~Single, widowed, married,~~ divorced DIVORCED

6. (b) Name of husband or wife

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

7. Birth date of deceased Aug. (Month) 4 (Day) 1877 (Year)

8. AGE: Years 64 Months 7 Days 19 If less than one day hr. min.

9. Birthplace (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation RETIRED ENGINEER

11. Industry or business MO. PACIFIC R.R.

FATHER
12. Name FRANK DUKE
13. Birthplace UN KNOWN (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name UN KNOWN
15. Birthplace " " (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Fann Waggoner
(b) Address 5103 Delmar

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-25-42 (Month) (Day) (Year)
(c) Place: burial or ~~cremation~~ Lake Charles Cem.

18. (a) Signature of funeral director L. Mullen
(b) Address 5165 Delmar

19. (a) MAR 23 1942 (Date received local registrar) (b) J. F. Bredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 23 year 1942 hour 7 minute 30 A.M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Fractured Hip Edema of Lung Aortitis when he fell to the sidewalk in front of 5109 Delmar Blvd

Due to about 1030 am 3/18/42

Duration

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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) Accident
(b) Date of occurrence 3/18/42
(c) Where did injury occur? St Louis (City or town) Mo (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Place (Specify type of place)
While at work? (e) Means of injury

23. Signature Dr. Alfred J. Perry (M. D. or other)
Address Dep. Coroner Date signed 3-23-42

(Licensed Embalmer's Statement on Reverse Side)

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 St. G. Farris

Licensed Embalmer No. 3384

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.