

FILED MAY 7 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 12560

Registrar's No. 3727

Registration District No. _____

Primary Registration District No. 100

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:
St. Louis Childrens Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution life
(Specify whether
In this community life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

Missouri
(a) State _____ (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1913 President Street
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME (Infant) Sissie Duncan

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex female 5. Color of 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 April 25, 1942
(Month) (Day) (Year)

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

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

10. Usual occupation Infant

11. Industry or business _____

12. Name Richard Duncan

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

14. Maiden name Estelle Mesger

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

16. (a) Informant Richard Duncan

(b) Address 1913 President Street

17. (a) Burial (b) Date thereof Apr. 27, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Laurel Hill Cemetery

18. (a) Signature of funeral director A. W. Daughlin

(b) Address 2301 Lafayette Avenue

19. (a) 27 1942 (b) J. F. Budach
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 25th
year 1942 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased April 25th 1942
1942 to April 25th 1942
that I last saw h. _____ alive on April 25th 1942
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Cerebral Hemorrhage Duration 1 day
Due to Birth Injury

Due to _____
Other conditions _____
(Include pregnancy within 3 months of death) None

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) _____

(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 Chryse Kane (M. D. or other) MD

Address 1212 1/2 Taylor Date signed Apr 26 1942

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 L. R. Casper

Licensed Embalmer No... 3633

P. O. Address 2917 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.