

ED MAY 18 1943

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 4317

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:
5625 Maffitt Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5641 Highland Ave.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME James B. Duncan.

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 Married.

6. (b) Name of husband or wife Martha A. Duncan. 6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased April 25, 1865.
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
78 0 13 hr. _____ min.

9. Birthplace ? Scotland
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Erecting Engineer

11. Industry or business _____

MOTHER FATHER { 12. Name William Duncan.
13. Birthplace ? Scotland
(City, town, or county) (State or foreign country)
14. Maiden name Bessie Kernerman.
15. Birthplace ? Scotland
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Martha A. Duncan.

(b) Address 5641 Highland Ave.

17. (a) Burial (b) Date thereof 5-11-1943.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery.

18. (a) Signature of funeral director Geo. L. Pleitsch Inc.

(b) Address 5966 Easton Ave.

19. (a) MAY 10 1943 J. J. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 8th
year 1943 hour 1 minute 30 P. M.

21. I hereby certify that I attended the deceased from May 4, 1943 to May 8, 1943, that I last saw him alive on May 4, 1943, and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of the colon.

Due to H/O

Other conditions Metastasis to lung.
(Include pregnancy within 3 months of death)

Major findings: Colostomy
Co of colon
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 _____
23. Signature H. F. Bergman (M. D. or other) M.D.
Address 3220 Washington Date signed 5/10/43

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

Dr. H. F. Bergman.
3720 Washington Ave.
Hours 8.30 to 9.30 A.M.
Jefferson 6204.

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 3454

David C. Gibson, Registered Apprentice No. 346,
working under my personal supervision.

Signed David C. Gibson

Licensed Embalmer No. 3454

P. O. Address 2966 Easton St. N.W.

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.