

Registration District No. 18

Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County.....
 (b) City or town..... St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Homer G. Phillips Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution..... 8 days
(Specify whether
 In this community..... life
years, months or days)

3. (a) PRINT FULL NAME..... Maudell Duncan

3. (b) If veteran, name war..... None

3. (c) Social Security No..... None

4. Sex..... Female

5. Color or race..... Negro

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

6. (b) Name of husband or wife..... None

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

7. Birth date of deceased..... September 13th 1886
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

56 9 23 hr. min.

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

10. Usual occupation..... Housework

11. Industry or business..... at home

MOTHER FATHER

12. Name..... Albert Brown

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

14. Maiden name..... Elizabeth Coons

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

16. (a) Informant..... Albert Dickson

(b) Address..... 3126a Evans ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof..... 6/21/43
(Month) (Day) (Year)

(c) Place: burial or cremation..... Greenwood Cemetery

18. (a) Signature of funeral director..... C.W. Roberts

(b) Address..... 3035 Lucas Ave

19. (a) JUN 20 1943 (b) J.F. Buddeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Missouri (b) County..... St. Louis
(If outside city or town limits, write "RURAL")
 (c) City or town..... St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No..... 3126a Evans
(If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... June day..... 16,
 year..... 1943 hour..... 9 minute..... 00 P. M.

21. I hereby certify that I attended the deceased from June 8, 1943 to June 16, 1943

that I last saw her alive on June 16, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death..... Carcinoma of Rectum Duration 3 years

Due to.....

Due to.....

Other conditions..... None
(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).....

(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..... W.P. Williams (M. D. or other)
 Address..... 601 1/2 1st St Date signed..... 6/17/43

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 Hulton E. Culkin.....

Licensed Embalmer No. 4198-.....

P. O. Address St Louis Mo.....

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.