

FILED JAN 12 1944

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **39732**  
Registrar's No. **11967**

Registration District No. **218** Primary Registration District No. **1002**

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 Convalescent Home 4  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
in this community \_\_\_\_\_ 3 years. (Specify whether  
years, months or days)

3. (a) PRINT FULL NAME HARRIETT KENNEDY DUNCAN.  
(b) If veteran, name war none. (c) Social Security No. none.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, widowed 2 divorced widowed  
(b) Name of husband or wife Alexander C. Duncan. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased October 22, 1847.  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>96.</u>	<u>2.</u>	<u>9.</u>	hr. _____ min.

9. Birthplace Alleghany, Pennsylvania  
(City, town, or county) (State or foreign country)

10. Usual occupation At Home.

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name Thomas J. Kennedy.  
13. Birthplace Alleghany, Pennsylvania  
(City, town, or county) (State or foreign country)  
14. Maiden name Ellen Kerr.  
15. Birthplace Unknown.. Ireland. 4  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs D. W. Lloyd.  
(b) Address 5833 Devonshire,

17. (a) Cremation. (Burial, cremation, or removal) (b) Date thereof 1/3/44.  
(Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Crematory.

18. (a) Signature of funeral director C.R. Lupton & Sons.

(b) Address 7233 Delmar Blvd.

19. (a) \_\_\_\_\_ (b) J. F. Brudeck  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri. (b) County 000  
(c) City or town St. Louis, (If outside city or town limits, write "RURAL") 12 15  
(d) Street No. 4359 Taft Ave., (If rural, give location)  
(e) Citizen of foreign country? no. (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 31st  
year 1943 hour 1:45 minute A. M.  
21. I hereby certify that I attended the deceased from Dec 15th  
1943 to Dec 31 1943  
that I last saw her alive on Dec 29 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocardial degeneration Duration \_\_\_\_\_  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

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) \_\_\_\_\_  
(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 J. F. Brudeck (M.D. or other) \_\_\_\_\_  
Address 4724 Broadway Date signed 1/3/44

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

DR. WALTER RONLINDG.

4724 GRAVOIS

HU-1456

Hrs. 12 to 1 P.M. (only)

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: *Clarence A. Murray*

Licensed Embalmer No. *4011*

P. O. Address: *St. Louis, Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.