

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
1003

39732
State File No. _____
Registrar's No. 11114

FILED DEC 29 1943

Registration District No. 318

Primary Registration District No. _____

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

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(c) Name of hospital or institution: Lutheran Hospital #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Day
In this community _____ years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 17
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4233 Juniata St
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Perry M. Duncan

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

4. Sex Male 5. Color or Race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mamie Duncan 6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased March 12 1868
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
75 9 5 hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business Retired

MOTHER FATHER
12. Name John Duncan
13. Birthplace Illinois
(City, town, or county) (State or foreign country)
14. Maiden name Leona Hazelwood
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mamie Duncan
(b) Address 4233 Juniata St

17. (a) Burial (b) Date thereof Dec 20 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus Cemetery

18. (a) Signature of funeral director Petz Brothers
(b) Address 3029 Lafayette Ave

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 17th day December
year 1943 hour 10:00 minute P. M.

21. I hereby certify that I attended the deceased from Dec 9, 1943, to Dec 17, 1943,
that I last saw him alive on Dec 17, 1943,
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Gallbladder Duration 3

Due to _____

Due to _____

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

Major findings:
Of operations _____

Of autopsy Ca Gallbladder
Congested lungs

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 Edmond Bonnet (M. D. or other) _____

Address 1504 No Grand Date signed 12-18-43

Dr. Bennett
4504 S. Ocean
En. 2451

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 Frank J. Brown

Licensed Embalmer No. 22451

P. O. Address 4504 S. Ocean

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.