

S. No. 2
M-5-43
7-5-17-39
I X38671

FILED MAR 11 1944

Registration District No. 317

Primary Registration District No. 3063

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Clayton
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Louis County Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 21 days
(Specify whether years, months or days)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis

(c) City or town Overland
(If outside city or town limits, write "RURAL")

(d) Street No. 2225 Hood
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Walter Duncan

3. (b) If veteran, name war. --

3. (c) Social Security No. --

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3-6-44 day _____ year _____ hour 7:57 minute A. M.

21. I hereby certify that I attended the deceased from 2-14-44, 19____ to 3-6-44, 19____ that I last saw her alive on 3-6-44, 19____ and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Alta Duncan 6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased 4-13-1878
(Month) (Day) (Year)

Immediate cause of death _____
Carcinoma of rectum
Peritonitis

Duration 2 yrs.

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

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

65	10	22	hr. _____ min. _____
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9. Birthplace Robetsville Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business _____

MOTHER FATHER { 12. Name Charles Duncan 9

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

14. Maiden name Unknown 9

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

16. (a) Informant Alta Duncan

(b) Address 2225 Hood ave Overland Mo

17. (a) Burial (b) Date thereof 3-8-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lee Fee Cem.

18. (a) Signature of funeral director Baumman Bros Inc

(b) Address 2504 Woodson Rd. Overland Mo

19. (a) MAR 8 - 1944 (b) E. S. Mc Gowan, M.D.
(Date received local registrar) (Registrar's signature)

PHYSICIAN _____

Major findings: Carcinoma of rectum
& bladder

Of autopsy None performed

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) (c) Means of injury 0

23. Signature H. Owen M.D. (M. D. or other) _____
Address 601 Brentwood Blvd, Clayton Date signed 3-7-44

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 *W G Peterson*.....

Licensed Embalmer No. *#3767*.....

P. O. Address *Overland 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.