

Registration District No. _____

Primary Registration District No. _____

100

Registrar's No. _____

386

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:
5514 Pershing Avenue
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community _____ 45 years
years, months or days)

3. (a) PRINT FULL NAME

ALVAH GEORGIA DUKE

3. (b) If veteran, name war _____ no

3. (c) Social Security No. 492-12-1902A

4. Sex Male 0 5. Color or race White 3
 6. (a) Single, widowed, married, divorced Divorced

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

7. Birth date of deceased _____
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
73 2 27 hr. min.

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

10. Usual occupation Ret'd Auto Salesman

11. Industry or business _____

12. Name Thomas S. Duke

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

14. Maiden name Elizabeth Miller

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

16. (a) Informant Mary Jackson

(b) Address 5514 Pershing Avenue

17. (a) Burial (b) Date thereof 1-15-1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Cemetery

18. (a) Signature of funeral director Alexander Somo

(b) Address 6175 Delmar Boulevard

19. (a) JAN 15 1945 J. F. Bredeek
(Date received local registrar) (Registrar's signature)

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. 5514 Pershing 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 Jan day 12
 year 1945 hour 10 minutes 10 A.M.

21. I hereby certify that I attended the deceased from Sept 1941
 to Jan 12 1945

that I last saw h.l.m. alive on Jan 12 1945
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis Duration 2 days

Due to Arterio-sclerosis, Myocarditis, Chronic 10 yrs

Due to _____

Other conditions (Include pregnancy within 3 months of death) 9 3d

Major findings: Of operations _____

Of autopsy _____

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 Wm. M. Davis (M. D. or other) _____

Address 242 27th Street Date signed 1/13/45

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

MOTHER FATHER

MAC
17
19
12

Duration
2 days

10 yrs

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 jos. E. McCulloch

Licensed Embalmer No. 2960

P. O. Address 6150 P. elina

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.