

FILED JAN 16 1945

Primary Registration District No. 6076

Registrar's No. 2547

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: Pine Crest Nursing Home 4
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 mon. 28 days
(Specify whether years, months or days)

In this community 3 months 28 days

3. (a) PRINT FULL NAME Edward D. Duncan

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Lena Duncan

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

7. Birth date of deceased June 6, 1867
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>77</u>	<u>6</u>	<u>6</u>	hr. _____ min.

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

10. Usual occupation None

11. Industry or business None

MOTHER FATHER

12. Name James Duncan

13. Birthplace Stoddard New Hampshire
(City, town, or county) (State or foreign country)

14. Maiden name Sophia Butterfield

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

16. (a) Informant Pine Crest Home

(b) Address Ballwin, Mo.

17. (a) burial (b) Date thereof 12/15/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery,

18. (a) Signature of funeral director Wagoner Mortuary,

(b) Address 4161 Lindell Blvd.

19. (a) DEC 15 1944 (b) E. L. McQuinn
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 415

(c) City or town Manchester 6
(If outside city or town limits, write "RURAL")
Manchester Rd. 6
(If rural, give location)

(d) Street No. _____

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 12
year 1944 hour 7 minute 35 A.M.

21. I hereby certify that I attended the deceased from Aug. 14 1944 to Dec. 12 1944
that I last saw him alive on Dec. 11 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Liver

Due to _____

Due to _____

Other conditions Chr. Myocarditis
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Major findings:
Of operations _____

Of autopsy _____

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 _____

Signature R. J. Duncan (M. D. or _____)
Address Manchester Mo Date signed 12/15/44

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

1600

FEB 20 1947

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 Melvin L. Kemper
Licensed Embalmer No. 4052
P. O. Address 4005 Lexington

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.