

U.S. No. 2  
 FORM-5-43  
 Rev. 5-17-39  
 I X36671

THE STATE BOARD OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. **15073**

**FILED MAY 21 1945**

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **4069**

**1. PLACE OF DEATH:**  
 (a) County St. Louis  
 (b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
City Hospital  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 2 hours  
(Specify whether years, months or days)  
 In this community Life  
(Specify whether years, months or days)

**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")  
 (d) Street No. 2028 Hickory  
(If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** Don Ray 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 Single  
 6. (b) Name of husband or wife \_\_\_\_\_  
 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased Dec 1 1942  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>2</u>	<u>5</u>	<u>6</u>	_____ hr. _____ min.

9. Birthplace St. Louis Missouri  
(City, town, or county) (State or foreign country)  
 10. Usual occupation Baby-sit

11. Industry or business \_\_\_\_\_  
**MOTHER** { 12. Name Homer Duncan  
 13. Birthplace Tenn.  
(City, town, or county) (State or foreign country)  
 14. Maiden name Pearl Hogan  
 15. Birthplace Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Homer Duncan  
 (b) Address 2028 Hickory  
 17. (a) Burial (b) Date thereof 5/9/45  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation St. Matthews

18. (a) Signature of funeral director A. W. McLaughlin  
 (b) Address 2301 Lafayette Ave.  
 19. (a) MAY 8 1945 (b) J. F. Bredeek  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**  
 20. DATE OF DEATH: Month May day 7  
 year 45 hour 1 minute 45 P.M.  
 21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
 that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
 and that death occurred on the date and hour stated above.

Immediate cause of death 1st 2nd 3rd degree burns of face, arms, chest and part of the abdomen, when his clothing caught fire while playing with a kerosene lamp which had been started by the deceased's five year old brother in the rear of 2028 Hickory Street  
 Other conditions 10:10 a.m. May 7, 1945  
(Include pregnancy within 3 months of death)

Major findings: 181  
 Of operations \_\_\_\_\_  
 Of autopsy 15

22. If death due to external causes, fill in the following:  
 (a) Accident, suicide, or homicide (specify) Accident  
 (b) Date of occurrence May 7, 1945  
 (c) Where did injury occur? at home  
(City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?  
(Specify type of place)  
 While at work \_\_\_\_\_ (e) Means of injury a door  
 23. Signature John E. Taylor (M. D. or other) \_\_\_\_\_  
 Address Dep. Cat Date signed 5/9/45

**PHYSICIAN**  
 \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

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

00  
 17  
 9

**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

*L.R. Cooper*

Licensed Embalmer No. *3633*

P. O. Address *2317 Lafayette*

**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.**