

State File No. _____

FILED NOV 29 1945
318

Primary Registration District No. 1003

Registrar's No. 10124

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: 1426 N. 15th St
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community: 1 Yr. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1426 N. 15th St.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

SAVANNAH DUNCAN

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

4. Sex FEMALE 5. Color or race NEGRO 6. (a) Single, widowed, married, divorced, divorced, divorced

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

7. Birth date of deceased: 6 (Month) 15 (Day) 1906 (Year)

8. AGE: Years 39 Months 5 Days 3 If less than one day _____ hr. _____ min.

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

10. Usual occupation F.F. Food Shop.

11. Industry or business Bus girl

12. Name JEFF BONNER

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

14. Maiden name PELLIA FOLBERG

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

16. (a) Informant ICIE HEATON

(b) Address DARREN & CARSON So. Kinloch

17. (a) BURIAL (b) Date thereof 11-23-1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park Cem.

18. (a) Signature of funeral director Boyd Bros Funeral Home

(b) Address 114 S. Stanger So. Kinloch Mo.

19. (a) NOV 23 1945 (b) J. F. Bredeek
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 18
year 1945 hour 9 minute 40 P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to _____

Due to _____

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

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 Clifford New (M. D. or other) _____
Address _____ Date signed 11/26/45

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MAR 19 1968

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.....

.....
working under my personal supervision.

..... Registered Apprentice No.

Signed.....

..... Licensed Embalmer No.

..... P. O. Address

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.