

FILED DEC 17 1946

318

State File No.

10422

Registration District No.

Primary Registration District No.

1003

Registrar's No.

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:
Homer G Phillips Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 23 days (Specify whether
 In this community 25 yrs years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 030
 (c) City or town St Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 3970 Cook (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Ella Duncan

3. (b) If veteran, name war ---- 3. (c) Social Security No. None

4. Sex Female 5. Color or race Negro
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife James W. Duncan 6. (c) Age of husband or wife if alive 71 years
 7. Birth date of deceased Unavailable 1881
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
Abt. 65 - - hr. min.

9. Birthplace Texarkana Arkansas
 (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business ----

MOTHER FATHER { 12. Name Wash Faulkner
 13. Birthplace Unavailable
 14. Maiden name Julia Thomas (State or foreign country)
 15. Birthplace Unavailable
 (City, town, or county) (State or foreign country)

16. (a) Informant James W. Duncan
 (b) Address 3970 Cook Ave.

17. (a) Burial (b) Date thereof 12/5/46
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director Charles J. Gates
 (b) Address 4197 Finney Ave.

19. (a) DEC 5 1946 (b) J. F. Bredeek
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 1
 year 1946 hour 8 minute 25 A.M.

21. I hereby certify that I attended the deceased from November 7, 1946 to December 1, 1946
 that I last saw her alive on December 1, 1946
 and that death occurred on the date and hour stated above.

Immediate cause of death Degenerative Heart Disease with De-
compensation Duration Unk.

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

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) (c) Means of injury _____

23. Signature E. B. Williams (M. D. Ill.)
 Address 2601 N Whittier St Date signed 12-2-46

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.....
Thompson

Licensed Embalmer No. *4259*

P. O. Address. *4107 7th*

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.