No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 42974

FILED DEC 31 1947

Registration District No. 318 | Primary Registration District No. 1003 | Registrar's No. 11196

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
1407 Talmadge Street.,
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 0-1-0

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 1407 Talmadge Street., 9
(If rural, give location)

(e) Citizen of foreign country? 18 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Arl Duckworth

3. (b) If veteran, name war World War #1

3. (c) Social Security No. 489-20-9860

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Unknown

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

7. Birth date of deceased September (Month) 17 (Day) 1895 (Year)

8. AGE: Years 52 | Months 2 | Days 28 | If less than one day hr. min.

9. Birthplace Salem (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation Salesman

11. Industry or business

MOTHER FATHER

12. Name Alvin Duckworth

13. Birthplace Salem (City, town, or county) Missouri (State or foreign country) 0

14. Maiden name Amey Cortin

15. Birthplace Salem (City, town, or county) Missouri (State or foreign country) 0

16. (a) Informant Earl Duckworth

(b) Address 1407 Talmadge Street.,

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/15/47 (Month) (Day) (Year)

(c) Place: burial or cremation Salem, Missouri

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.,

19. (a) DEC 16 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 15 year 1947 hour 11 minute 45 A.M.

21. I hereby certify that I attended the deceased from 12-13-47, 19..., to 12-15-47, 19...; that I last saw him alive on 12-15-47, 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary occlusion	sudden
Due to: Hypertension, 3rd degree	10 yrs.
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations none
Of autopsy none

PHYSICIAN — Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no

(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? 0
While at work? (Specify type of place) (e) Means of injury

23. Signature A. J. Hooker (M. D. or other) M. D.
Address 462 N. Taylor Date signed 12/15/47

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

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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 Guy W Wilkinson

Licensed Embalmer No. 3575

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.