

FEDERAL SECURITY AGENCY  
National Office of Vital Statistics  
FILED SEP 7 1948  
Registration District No. 318

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH  
1003

State File No. 27656  
Registrar's No. 7445

Primary Registration District No. 1003

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

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: Barnes Hospital  
(If not in hospital or institution; write street number or location)

(d) Length of stay: In hospital or institution 4 hrs  
under private treatment (Specify whether in this community, years, months or days)

3. (a) PRINT FULL NAME Rev. Robert Lee Duckworth

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Myrtle Louise Duckworth

6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased March 21, 1886  
(Month) (Day) (Year)

8. AGE: 62 Years Months Days If less than one day  
62 5 4 hr. min.

9. Birthplace Lumpkin, Georgia  
(City, town, or county) (State or foreign country)

10. Usual occupation Methodist Minister

11. Industry or business

12. Name John Duckworth

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

14. Maiden name Elizabeth Coley

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

16. (a) Informant Mrs Myrtle L. Duckworth

(b) Address 4405 West Pine Blv'd.

17. (a) Cremation (b) Date thereof 8/25/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Crematory

18. (a) Signature of funeral director C. R. Lupton & Sons

(b) Address #7233 Delmar Blv'd.

19. (a) AUG 25 1948 (b) J. F. Budak  
(Date received local registrar) (Registrar's signature)

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. 4405 West Pine Blv'd.  
19 (If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 25  
year 1948 hour 2:30 minute A.M.

21. I hereby certify that I attended the deceased from August 25  
1948 to August 25, 1948  
that I last saw him alive on August 25, 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage

Due to Hypertensive cardiovascular disease

Due to \_\_\_\_\_

Other conditions ? Pneumonia, aspiration  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy As above

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?  
(Specify type of place) \_\_\_\_\_

While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature F. B. Bradley (M.D. or other) 19  
Address Barnes Hospital Date signed 8/25/48

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

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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 Clarence H. Murray

Licensed Embalmer No. 4011

P. O. Address St Louis Mo

**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.**