S. No. 300
M—10-47
v. 5-17-39
I 3906

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED AUG 28 1948
Registration District No.

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 27660
Registrar's No. 7312

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:
5556 Prange Ave
(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 100
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 5556 Prange Ave 9
(If rural, give location) 0
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Lucy M. Duncan

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Robert

6. (c) Age of husband or wife if alive 80 years

7. Birth date of deceased February (Month) 12 (Day) 1878 (Year)

8. AGE: Years	Months	Days	If less than one day
70	6	6	hr. min.

9. Birthplace Grant Fork (City, town, or county) Illinois (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Nick Mollet
13. Birthplace (City, town, or county) Switzerland (State or foreign country) 5

MOTHER
14. Maiden name Carolyn May
15. Birthplace (City, town, or county) Germany (State or foreign country) 4

16. (a) Informant Robert A. Duncan
(b) Address 5556 Prange Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-21-48 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Math. Hermann & Son, Inc.
(b) Address 2161 E. Fair Ave

19. (a) AUG 20 1948 (Date received local registrar) (b) J. F. Beelack (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 18
year 1948 hour 1 minute 45 P.M.

21. I hereby certify that I attended the deceased from Aug 8 - 9 -, 1948, to Aug - 18, 1948; that I last saw her alive on Aug 18, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Acute cardiac decompensation.	3 days.
Due to Chronic myocarditis.	18 months
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations None
Of autopsy None

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

23. Signature James O. Cameron (M.D. or other) M.D.
Address 4661 W. Florissant St. Louis Mo signed 8-20-48

(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 Glen W. Nash

Licensed Embalmer No. 3737

P. O. Address 2161 E. Fair Ln

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.