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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 34082

FILED OCT 23 1948

Registration District No. 618

Primary Registration District No. 1003

Registrar's No. 8951

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: DePaul Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day (Specify whether
In this community 10 Yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

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

(d) Street No. 4027 Juniata
(If rural, give location)

16

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

If yes, name country —

3. (a) PRINT FULL NAME Douglas Duncan

3. (b) If veteran, name war —

3. (c) Social Security No.

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife Eleanor Wurster

6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased January 21, 1901
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	47	8	23	hr. min.

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

10. Usual occupation Sales Manager

11. Industry or business Zumwalt Company

FATHER
12. Name Mathew Duncan
13. Birthplace Scotland
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Emma Frazer
15. Birthplace Scotland
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Eleanor Duncan
(b) Address 4027 Juniata Ave.

17. (a) Burial (b) Date thereof 10/16/48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director BEIDERWIEDEN F.H. INC.
(b) Address 1936 St. Louis Avenue

19. (a) OCT 15 1948 (b) J. B. Lasater
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 14th,
year 1948 hour 12: minute 15 P. M.

21. I hereby certify that I attended the deceased from Feb 23, 1948, to Oct. 14, 1948;
that I last saw h. 1 alive on Oct 14, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
1. Rupture of esophagus	
2. Acute appendicitis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations Acute appendicitis
Of autopsy Rupture of esophagus

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)

(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 C. E. Wourmas (M. D. or other)
Address 531 S. Grand Date signed 10-15-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

Dr. C. G. Vournas
539 North Grand Avenue

2:00 - 4:00
6:00 - 7:00 M & F

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 Max L. Clark

Licensed Embalmer No. 4770

P. O. Address 1936 St Louis Av

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.