

FILED FEB 25 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **7056**

317

REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **3070** Registrar's No. **447**

4007

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

BIRTH NO. _____		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 3070		Registrar's No. 447	
1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY St. Louis			
b. CITY (If outside corporate limits, write RURAL and give town or township) Webster Groves, 19		c. LENGTH OF STAY (in this place) 35 yrs		c. CITY (If outside corporate limits, write RURAL and give township) Webster Groves, 19			
d. FULL NAME OF HOSPITAL OR INSTITUTION 591 Ridge Ave.				d. STREET ADDRESS (If rural, give location) 591 Ridge Ave.			
3. NAME OF DECEASED (Type or Print)		a. (First) John		b. (Middle) Mills		c. (Last) Duncan	
4. DATE OF DEATH		(Month) Feb.		(Day) 18		(Year) 1950	
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH July 12, 1884		9. AGE (In years last birthday) 65	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk		10b. KIND OF BUSINESS OR INDUSTRY Bank		11. BIRTHPLACE (State or foreign country) Paris, Kentucky		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Silas Duncan		13b. MOTHER'S MAIDEN NAME Nettie Mills		14. NAME OF HUSBAND OR WIFE Bruce Pogue Duncan			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. 497-18-6662		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Bruce Duncan 591 Ridge Ave., W.G. Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive - cardio -				INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) renal - vascular disease 3 yrs					
		DUE TO (c) Advanced arteriosclerosis					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from July 15, 1949 , to Feb 18, 1950 , that I last saw the deceased alive on Feb 18, 1950 , and that death occurred at 7:30 p.m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) D. Shaughnessy M.D.				23b. ADDRESS Webster Groves Mo		23c. DATE SIGNED 2-20-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation		24b. DATE 2-21-1950		24c. NAME OF CEMETERY OR CREMATORY VALHALLA CREMATORY		24d. LOCATION (City, town, or county) (State) ST. LOUIS COUNTY, MISSOURI	
DATE REC'D BY LOCAL REG. FEB 20 1950		REGISTRAR'S SIGNATURE Robert R. ...		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Mittelberg Fun'l Home, Webster Groves, Mo.			

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed J. W. M. Binkley

Licensed Embalmer No. 13653

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.