

5. No. 300
10. 48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17923
4221

FILED MAY 19 1952

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. _____

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| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution; residence before a. STATE Missouri b. COUNTY Franklin | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Clair 036 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Jewish | | d. STREET ADDRESS (If rural, give location) | |

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|-------------------------------------|--------------------|-------------------|---------------------|--|
| 3. NAME OF DECEASED (Type or Print) | a. (First) William | b. (Middle) Henry | c. (Last) Duckworth | 4. DATE OF DEATH (Month) (Day) (Year) May 3, 1952 |
|-------------------------------------|--------------------|-------------------|---------------------|--|

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|---|------------------------|--|----------------------------|--|------------------------|----------------------------------|-----------------------|
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH 2-19-1894 | 9. AGE (In years last birthday) 58 | IF UNDER 1 YEAR Months | IF UNDER 1 HRS. Hours | IF UNDER 15 MIN. Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Physician | | 10b. KIND OF BUSINESS OR INDUSTRY Medicine | | 11. BIRTHPLACE (State or foreign country) St. Clair, Mo. | | 12. CITIZEN OF WHAT COUNTRY? USA | |

| | | |
|-----------------------------------|---|--|
| 13a. FATHER'S NAME Webb Duckworth | 13b. MOTHER'S MAIDEN NAME Margie Bartle | 14. NAME OF HUSBAND OR WIFE Fern Duckworth |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) Yes WW I | 16. SOCIAL SECURITY NO. | 17. INFORMANT'S SIGNATURE OR NAME Fern Duckworth | ADDRESS St. Clair, Mo. |
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| 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 | | INTERVAL BETWEEN ONSET AND DEATH 8 hours |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary atherosclerosis DUE TO (c) | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
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| 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) |
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| 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? 4201 |
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22. I hereby certify that I attended the deceased from 5/2, 1952, to 5/3, 1952, that I last saw the deceased alive on 5/2, 1952, and that death occurred at 5:20 P.M., from the causes and on the date stated above.

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|------------------------------------|-------------------|---------------------------|-------------------------|
| 23a. SIGNATURE Alfred Feldman M.D. | (Degree or title) | 23b. ADDRESS 634 N. Grand | 23c. DATE SIGNED 5/5/52 |
|------------------------------------|-------------------|---------------------------|-------------------------|

| | | | |
|--|-----------------------|--|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE May 6, 1952 | 24c. NAME OF CEMETERY OR CREMATORY IOOF Cemetery | 24d. LOCATION (City, town, or county) (State) St. Clair, Mo. |
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|-------------------------------------|--|--|------------------------|
| DATE REC'D BY LOCAL REG. MAY 5 1952 | REGISTRAR'S SIGNATURE J. Carl Smith M.D. | 25. FUNERAL DIRECTOR'S SIGNATURE Casey | ADDRESS St. Clair, Mo. |
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(Licensed Embalmer's Statement on Reverse Side)

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

APR 5 1952

OCT 11 1952

AUG 24 1952

JAN 2 1953

MAY 26 1952

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 K. M. Leno _____

Licensed Embalmer No. 3601 _____

P. O. Address St. Clair, 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.