

FILED DEC 30 1952

STANDARD CERTIFICATE OF DEATH

44120

State File No. 500

BIRTH NO. REG. DIST. NO. 3175-00 PRIMARY REG. DIST. NO. 317 Registrar's No. 3250

1. PLACE OF DEATH a. COUNTY <u>ST LOUIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>ST LOUIS</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST JOHNS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST JOHNS</u>	
c. LENGTH OF STAY (In this place) <u>25 YRS</u>		d. STREET ADDRESS (If rural, give location) <u>8828 Bobb</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>8828 Bobb</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Charles</u> b. (Middle) <u>DUNCAN</u> c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 19 1952</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	
8. DATE OF BIRTH <u>July 22 1874</u>		9. AGE (In years last birthday) <u>78</u>		10. F UNDER 1 YEAR Months Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired Engineer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Stationary</u>		11. BIRTHPLACE (State or foreign country) <u>England</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>David DUNCAN</u>		13b. MOTHER'S MAIDEN NAME <u>do not know</u>	
14. NAME OF HUSBAND OR WIFE <u>Deceased</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Lucille Jackson</u>		17. ADDRESS <u>4710 Arsenal</u>		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.	

18. CAUSE OF DEATH		MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Immediate</u>			
ANTECEDENT CAUSES		DUE TO (b) <u>Generalized litens salmonia</u>			
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death. <u>4201</u>			
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)		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 Jan, 1949, to Dec 19, 1952, that I last saw the deceased alive on Oct, 1952, and that death occurred at 3:20 P m., from the causes and on the date stated above.

23a. SIGNATURE <u>Walter C Gray</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>8938 St Charles Road Shrinr Mdys</u>		23c. DATE SIGNED <u>12/19/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>12-22-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cem.</u>	
24d. LOCATION (City, town, or county) (State) <u>ST LOUIS Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>ORTMANN F. HOME</u>		ADDRESS <u>9222 HACKLAND Overland Mo</u>	

DATE REC'D BY LOCAL REG. <u>12-20-52</u>		REGISTRAR'S SIGNATURE <u>Harold R. Douthett M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>ORTMANN F. HOME</u>	
DATE REC'D BY LOCAL REG. <u>12-20-52</u>		REGISTRAR'S SIGNATURE <u>Harold R. Douthett M.D.</u>		ADDRESS <u>9222 HACKLAND Overland Mo</u>	

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

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 _____

working under my personal supervision.

Student Embalmer No.

Signed Al C Ostman

Signed
Student Embalmer

Licensed Embalmer No. 3478

P. O. Address _____

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.