

# THE DIVISION OF HEALTH OF MISSOURI

## STANDARD CERTIFICATE OF DEATH

FILED JAN 30 1953

 State File No. **4112**  
 Registrar's No. **0193**

BIRTH NO. _____		REG. DIST. NO. <b>317</b>		PRIMARY REG. DIST. NO. <b>544</b>		Registrar's No. <b>0193</b>	
1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kirkwood</b>		c. LENGTH OF STAY (If in place) <b>8 Months</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kirkwood</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>996 N. Woodlawn Ave.</b>				d. STREET ADDRESS (If rural, give location) <b>996 N. Woodlawn Ave. 4673</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Edward</b>		b. (Middle) <b>Lee</b>		c. (Last) <b>Duke</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>January 18, 1953</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>March 21, 1898</b>		9. AGE (In years last birthday) <b>54</b> If UNDER 1 YEAR: Months _____ Days _____ If UNDER 10 HRS. _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>owner</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Earlsboro Telephone Co.</b>		11. BIRTHPLACE (State or foreign country) <b>Sylvia, No. Carolina</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Melvin Sebott Duke</b>		13b. MOTHER'S MAIDEN NAME <b>Martha (unknown)</b>		14. NAME OF HUSBAND OR WIFE <b>Carre Mae Duke</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>Unknown</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Carre Mae Duke 996 N. Woodlawn Ave.</b>			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>CORONARY THROMBOSIS</b> ANTECEDENT CAUSES <b>general arteriosclerosis</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>4201</b>				INTERVAL BETWEEN ONSET AND DEATH <b>1 DAY</b> <b>10 years</b>	
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 <b>1-18</b> , <b>1953</b> , to <b>1-18</b> , <b>1953</b> , that I last saw the deceased alive on <b>1-18</b> , <b>1953</b> , and that death occurred at <b>1-18</b> <b>P.</b> m., from the causes and on the date stated above.							
23a. SIGNATURE <b>Arthur Q. Smith</b> (Degree or title) <b>M.D.</b>				23b. ADDRESS <b>1194 Hochman Ave</b>		23c. DATE SIGNED <b>1-19-53</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		24b. DATE <b>Jan. 20, 1953</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Oak Grove Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis County, Missouri</b>	
DATE REC'D BY LOCAL REG. <b>1-19-53</b>		REGISTRAR'S SIGNATURE <b>Harold R. Lupton</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>C. R. Lupton &amp; Sons 7233 Delmar Blvd.</b>			

(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.....

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed.....

*Arnold W. Schoene*

Licensed Embalmer No. ....

*3864*

P. O. Address.....

*St. Louis, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.