

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4124

State File No.

FILED JAN 17 1953

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 575 Registrar's No. 0032

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) <u>Maplewood</u>	c. LENGTH OF STAY (In this place) <u>33 yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Maplewood</u> <u>4544</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Res 7221 Anna</u>		d. STREET ADDRESS (If rural, give location) <u>7221 Anna</u> <u>0</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Cora</u>	b. (Middle) <u>Racheal</u>	c. (Last) <u>Jett</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 4, 1953</u>
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced 3</u>	8. DATE OF BIRTH <u>Nov 6, 1898</u>
9. AGE (In years last birthday) <u>54 yrs</u>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 2 HRS. Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Perpetual Inv Clerk</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>St. Louis, News</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Lutesville, Mo</u> <u>U</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>John A Duncan</u>	13b. MOTHER'S MAIDEN NAME <u>Mattie Skelton</u>	14. NAME OF HUSBAND OR WIFE <u>Divorced</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> <u>None</u>	16. SOCIAL SECURITY NO. <u>Yes 498-03-3696</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Paul Reed</u> <u>5743 Kingsbury</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>unk</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>unknown natural causes</u>		
	ANTECEDENT CAUSES 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. <u>7955</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>Herbert R. Donke</u> Herbert R. Donke M.D. Local Registrar	23b. ADDRESS <u>651 S. Brentwood Blvd.</u>	23c. DATE SIGNED <u>1/14/53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Jan 5</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Lebanon Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis Co.</u> <u>Mo</u>
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DATE REC'D BY LOCAL REG. <u>1-6-53</u>	REGISTRAR'S SIGNATURE <u>Herbert R. Donke - M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Alexander & Sons</u> <u>6175 Delmar</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 *Jos. E. McCulloch*

Licensed Embalmer No. *2460*

P. O. Address: *6175-Deer*

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.