

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **15639**

BIRTH NO. **31875** FILED **MAY 15 1953** REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **4317**

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|--|-------------------------------|---|--|
| 1. PLACE OF DEATH a. COUNTY | | 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 township) OR TOWN St Louis | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Affton 4820 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Lutheran Hospital | | d. STREET ADDRESS (If rural, give location) 4459 Schmittwood Ct. | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Mary b. (Middle) Julia c. (Last) Duncan | | | 4. DATE OF DEATH (Month) (Day) (Year) Apr. 27, 1953 |
| 5. SEX female | 6. COLOR OR RACE white | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single | 8. DATE OF BIRTH Apr. 20, 1953 |
| 9. AGE (In years last birthday) 7 | | IF UNDER 1 YEAR Months 7 | IF UNDER 1 HR. Hours 7 Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) St Louis Mo |
| | | | 12. CITIZEN OF WHAT COUNTRY? USA |

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| 13a. FATHER'S NAME Henry Duncan | 13b. MOTHER'S MAIDEN NAME Lillian Owenbey | 14. NAME OF HUSBAND OR WIFE |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) no | 16. SOCIAL SECURITY (If yes, give war or dates of service) none NO. | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Henry Duncan 4459 Schmittwood Ct. |

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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 7 days |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Prematurity | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Birth wt 2 1/2 DUE TO (c) Station - Due July 1, 1953 | | |
| 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"/> |
| 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 <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? 776x |

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 **6:15A** m., from the causes and on the date stated above.

| | | |
|---|-----------------------------------|--|
| 23a. SIGNATURE [Signature] (Degree or title) M.D. | 23b. ADDRESS 453 N. Taylor | 23c. DATE SIGNED 4-27-53 |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 24b. DATE 4/28/53 | 24c. NAME OF CEMETERY OR CREMATORY Mt. Hope Cemetery |
| | | 24d. LOCATION (City, town, or county) (State) St. Louis, County Mo. |

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| DATE REC'D BY LOCAL APR 27 1953 | REGISTRAR'S SIGNATURE [Signature] | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J L Ziegenhein & Sons 7027 Gravoie |
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFAADING 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed C. G. Tidwell

Licensed Embalmer No. 3877

P. O. Address 2027 Francis

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.