

## STANDARD CERTIFICATE OF DEATH

State File No. **16517**

FILED APR 29 1953

BIRTH NO. 271153 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 547 Registrar's No. 1043

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>Rich. Hgts.</u>		c. LENGTH OF STAY (In this place) <u>7 hrs</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Mary's Hosp.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Overland ? 422X</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Baby Boy</u> b. (Middle) <u>Duncan</u> c. (Last) <u>Duncan</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>4-11-53</u>	
5. SEX <u>M.</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>	8. DATE OF BIRTH <u>4-10-53</u>
9. AGE (In years last birthday) <u>2 2/3</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>	11. BIRTHPLACE (State or foreign country) <u>St. Louis Mo</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>No</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Raymond Duncan</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Broliiski</u>	14. NAME OF HUSBAND OR WIFE <u>None</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>RAYMOND DUNCAN</u> ADDRESS <u>9310 LATRONE</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Premature Birth</u> INTERVAL BETWEEN ONSET AND DEATH <u>7 Hours</u> ANTECEDENT CAUSES DUE TO (b) <u>Six Month gestation</u> DUE TO (c) <u>Cause of premature labor unknown</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>1776X</u>	
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) (Min.)		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 <u>3 AM 4/11, 1953</u> , to <u>10 AM 4/11, 1953</u> , that I last saw the deceased alive on <u>4/11, 1953</u> , and that death occurred at <u>10A</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>Dr. Williamson</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>6336 Clayton Road</u>	
23c. DATE SIGNED <u>4/11/53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4-13-53</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Mo.</u>	
DATE REC'D BY LOCAL REG. <u>4-11-53</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Dancho - M.D.</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Street - Carroll - 4600 Nat Bridge</u>		ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

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 \_\_\_\_\_

*Not Embalmed*

working under my personal supervision.

Student Embalmer No. ....

*Stroat - Carroll*  
Signed *John B. Clifford*

Signed.....  
Student Embalmer

Licensed Embalmer No. ....

*St Louis Mo*  
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.

*not embalmed*