

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 1510

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. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>JEFFERSON BARRACKS, MO.</b>		c. LENGTH OF STAY (In this place) <b>57 DAYS</b>	c. CITY OR TOWN <b>ST. LOUIS</b> <b>2099</b> d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>VETERANS ADMINISTRATION HOSPITAL</b>		e. STREET ADDRESS (If rural, give location) <b>3915 WEST FLORISSANT AVENUE</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>HIRAM</b> b. (Middle) <b>(NMI)</b> c. (Last) <b>DUNCAN</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>MAY 29, 1953</b>		
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>NEGRO</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>NEVER MARRIED</b>	8. DATE OF BIRTH <b>3-10-95</b>	9. AGE (In years last birthday) <b>58</b>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>JANITOR</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>UNKNOWN</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>ATLANTA, GEORGIA</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>

13a. FATHER'S NAME <b>PERRY DUNCAN</b>		13b. MOTHER'S MAIDEN NAME <b>HANNA LOWE</b>		14. NAME OF HUSBAND OR WIFE <b>NEVER MARRIED</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>YES WW-I</b>		16. SOCIAL SECURITY NO. <b>UNKNOWN</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>VA HOSPITAL RECORDS, JEFF BRKS, 23, MO.</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>RECURRENT CARCINOMA OF ESOPHAGUS</b>		INTERVAL BETWEEN ONSET AND DEATH
		ANTECEDENT CAUSES DUE TO (b) <b>ESOPHAGO-BRONCHIAL FISTULA WITH ASPIRATION PNEUMONIA</b>		
		DUE TO (c) _____		
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>150X</b>		

19a. DATE OF OPERATION <b>NONE</b>		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, 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 4-2-1953, to 5-29-1953, that I inspected the deceased ~~and that death occurred at 5:55P m., from the causes and on the date stated above.~~

23a. SIGNATURE <b>CHARLES H. NICOLAI</b> (Degree or title) <i>Charles H. Nicolai, D.</i>		23b. ADDRESS <b>VET ADM HOSP, JEFF BRKS, MO.</b>		23c. DATE SIGNED <b>5-30-53</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>June 3, 53</b>		24c. NAME OF CEMETERY OR CREMATORY <b>NATIONAL CEMETERY</b>	
		24d. LOCATION (City, town, or county) (State) <b>JEFFERSON BARRACKS, 23, MO.</b>			

DATE REC'D BY LOCAL REG. <b>6-1-53</b>		REGISTRAR'S SIGNATURE <i>Herbert R. Donohue, M.D.</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Boyd Bros Funeral Home 3706 Finney Ave</b>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

4000

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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.....  
Signature of Student Embalmer

Signed *Henry C. Williams*.....

Licensed Embalmer No. 4781.....

P. O. Address 1205 Walton Ave.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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