

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **40395**

FILED NOV 30 1953

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **10947**

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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY			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>ST. LOUIS</b>		c. LENGTH OF STAY (in this place) <b>9 mos.</b>	c. CITY OR TOWN <b>UNIVERSITY CITY</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>STONE NURSING HOME</b>			e. STREET ADDRESS (If rural, give location) <b>7828 STANFORD AVE.,</b>		
3. NAME OF DECEASED (Type or Print)	a. (First) <b>MARY</b>	b. (Middle) <b>ALICE</b>	c. (Last) <b>DUCK.</b>	4. DATE OF DEATH (Month) (Day) (Year)	<b>Nov. 17, 1953</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Feb. 13, 1880</b>	9. AGE (In years last birthday) <b>73</b>	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>At Home</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>ST. LOUIS, MISSOURI</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Michel H. Cavanaugh.</b>		13b. MOTHER'S MAIDEN NAME <b>Sarah Ann Neve.</b>		14. NAME OF HUSBAND OR WIFE <b>Dr. L.A. Duck.</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Marguerite Lazarus, 7828 Stanford 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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral thrombosis</b> ANTECEDENT CAUSES <b>arteriosclerosis</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>arteriosclerosis</b> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <b>Pyelonephritis-chronic</b> Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <b>four days</b> <b>3 years</b> <b>10 years</b>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input 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) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>332X</b>			
22. I hereby certify that I attended the deceased from <b>6/15, 1952</b> , to <b>11/16, 1953</b> , that I last saw the deceased alive on <b>11/16, 1953</b> , and that death occurred at <b>12 P. m.</b> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <b>Harold A. Franklin M.D.</b>		23b. ADDRESS <b>4409 West Pine</b>		23c. DATE SIGNED <b>11/17/53</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>11/19/1953</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Oak Hill Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis County, Missouri</b>		
DATE REC'D BY LOCAL REG. <b>NOV 17 1953</b>	REGISTRAR'S SIGNATURE <b>J. Carl Smith</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>W. G. RUPTON &amp; SONS, 7233 DELMAR BLVD.</b>			

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..... *Arnold W. Schoene*

Licensed Embalmer No... *386*

P. O. Address *St. Louis,*

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.