

FILED JAN 18 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 2487
0037

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY 0				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY 2039			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN St. Louis		c. LENGTH OF STAY (in this place) 1 WK		c. CITY OR TOWN St. Louis		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 Mo. Pacific Hospital				e. STREET ADDRESS (If rural, give location) 29 1/2 Ellendale Ave.			
3. NAME OF DECEASED (Type or Print) Frederick William Duencckel			a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) Jan 2 1955	
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH Oct. 25, 1870	
9. AGE (In years last birthday) 84		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ENGINEER		10b. KIND OF BUSINESS OR INDUSTRY TERMINAL-R.R.		11. BIRTHPLACE (City and State or Foreign Country) ST. LOUIS MO D	
12. CITIZEN OF WHAT COUNTRY? U. S. A		13a. FATHER'S NAME GEO. F. S. DUENCKEL		13b. MOTHER'S MAIDEN NAME MARIE T. SCHALLER		14. NAME OF HUSBAND OR WIFE ANNA DUENCKEL	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. UNKNOWN		17. INFORMANT'S SIGNATURE OR NAME ADDRESS WILMAR DUENCKEL-424 FLORENCE, WEB. GR.			
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Infiltration, necrotic, right lung. 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. Generalized artero sclerosis				INTERVAL BETWEEN ONSET AND DEATH more than 1 week. Years	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 5272				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 Dec. 26, 1954, to Jan. 2, 1955, that I last saw the deceased alive on Jan. 2, 1955, and that death occurred at 1:30 p.m., from the causes and on the date stated above.							
23a. SIGNATURE Robert J. Sullivan M.D.				23b. ADDRESS Mo. Pac Hosp Assn		23c. DATE SIGNED 1-3-55	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE JAN 4 1955		24c. NAME OF CEMETERY OR CREMATORY OAK HILL CEMETERY		24d. LOCATION (City, town, or county) (State) ST. LOUIS CO MO	
DATE REC'D BY LOCAL REG. JAN 4 1955		REGISTRAR'S SIGNATURE Carl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS JAY B. SMITH - MAPLEWOOD 17 MO.			

(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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *J.P. Burgess*.....

Licensed Embalmer No. *4029*

P. O. Address *Maplewood*

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.