

BIRTH NO. ... REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **7228**

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

1. PLACE OF DEATH a. COUNTY St. Louis Mo.		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) City		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis Mo.	
c. LENGTH OF STAY (in this place) 11 hrs		d. STREET ADDRESS (If rural, give location) 25 1606 Franklin Ave.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer Phillips Hosp			

3. NAME OF DECEASED (Type or Print) a. (First) Lenora b. (Middle) Duncan c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) Aug 16, 1955		
5. SEX Female		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	
8. DATE OF BIRTH Dec 7, 1892		9. AGE (In years last birthday) 62		10. UNDER 1 YEAR Months Days	
11. UNDER 1 YEAR Hours Min.		12. UNDER 1 YEAR Hours Min.		13. UNDER 1 YEAR Hours Min.	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (State or foreign country) Covington Louisiana	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown	
14. NAME OF HUSBAND, OR WIFE John Duncan		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	

17. INFORMANT'S SIGNATURE OR NAME Moyneer Duncan		ADDRESS 1606 Fr.	
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchial Pneumonia		ANTECEDENT CAUSES			
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		Empyema	
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.		502.0	

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)		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **4:35 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE James M Kelly		23b. ADDRESS 1300 Clark		23c. DATE SIGNED 8-19-55	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 8-19-55		24c. NAME OF CEMETERY OR CREMATORY Oakdale Cem.	
24d. LOCATION (City, town, or county) (State) St. Louis, Crum, Mo		25. FUNERAL DIRECTOR'S SIGNATURE Mose Vasser		ADDRESS 2912 Cass	

DATE REC'D BY LOCAL REG. AUG 19 1955		REGISTRAR'S SIGNATURE J. Earl Smith, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE Mose Vasser	
				ADDRESS 2912 Cass	

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 Leroy W. Summister

Licensed Embalmer No. 4529

P. O. Address 3880 E. 10th

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.