

FILED FEB 4 1957

STANDARD CERTIFICATE OF DEATH

State File No. 2462

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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 6057 Registrar's No. 61

1. PLACE OF DEATH a. COUNTY <b>S.T. CHARLES</b>		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. CHARLES RURAL</b>		c. CITY OR TOWN <b>ST. LOUIS</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <b>3 YEARS</b>		e. STREET ADDRESS (If rural, give location) <b>4365 HOLLY HILL BLVD</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>EVANGELICAL EMMAUS HOME</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>SYLVIA</b> b. (Middle) <b>ETHEL</b> c. (Last) <b>DUNCAN</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>JAN. 31, 1957</b>	
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>FEB. 25, 1891</b>
9. AGE (In years) last (Month) (Day) <b>65 11 6</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>	
11. BIRTHPLACE (City and State or Foreign Country) <b>MISSOURI</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>EASTERN PRATER</b>		13b. MOTHER'S MAIDEN NAME <b>ROXY DEARDUFF</b>	
13c. NAME OF HUSBAND OR WIFE <b>JOSEPH DUNCAN</b>		14. NAME OF HUSBAND OR WIFE <b>JOSEPH DUNCAN</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <b>NONE</b>	
17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Theophil Stoerck, ST. CHARLES, Mo.</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pneumonia</b>  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. <b>Arteriosclerotic Ht Disease 10y</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>493x</b>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT (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 <b>Oct</b> , 1954 to <b>Jan.</b> , 1957, that I last saw the deceased alive on <b>Jan 30</b> , 1957, and that death occurred at <b>7:00 P.M.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>William H Roggenius MD</b> (Degree or title)		23b. ADDRESS <b>St Charles Mo.</b>	
23c. DATE SIGNED <b>Jan 31/1957</b>		23d. DATE SIGNED	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removed</b>		24b. DATE <b>Feb 4-57</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>CROCKER CEMETERY</b>		24d. LOCATION (City, town, or county) (State) <b>CROCKER. MO</b>	
DATE REC'D BY LOCAL REG <b>Feb 1 1954</b>		REGISTRAR'S SIGNATURE <b>Harold Hemington</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>J. Allen Davis</b>		ADDRESS <b>Maplewood Mo.</b>	

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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.....

*J. Allen Davis*

Licensed Embalmer No. ....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.