

Health, Welfare, Public Service, 3300 1-56, All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. Coroner must use only standard nomenclature in item 18. No symptoms will be listed.

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

334333
STATE FILE NUMBER
8569

FILED SEP 23 1957

Registration District No. 318 Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 6163 Pershing Ave;				Length of stay in lb		STREET ADDRESS (If outside, give location) 6163 Pershing Ave	
3. NAME OF DECEASED (Type or print) THOMAS SHEARER DUNCAN.				First Middle Last		4. DATE OF DEATH Sept. 11, 1957	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH April 28, 1881	
9. AGE (In years last birthday) 76		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HRS.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired; Teacher		10b. KIND OF BUSINESS OR INDUSTRY College Professor		11. BIRTHPLACE (City and state or country) Glasgow, Scotland		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Joseph Duncan.				14. MOTHER'S MAIDEN NAME Elizabeth Shearer.			
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. —		17. INFORMANT Address Mrs. Rhea B. Duncan. 6163 Pershing Ave			
18. CAUSE OF DEATH [Enter only one cause per line for (a); (b); and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Acute myocardial failure</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <i>Atherosclerotic vascular disease</i> DUE TO (c) <i>Myocardion.</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)							INTERVAL BETWEEN ONSET AND DEATH <i>Just minutes</i>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)					
20c. TIME OF INJURY Hour a. m. p. m.							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <i>Sept. 14/56</i> to <i>Sept. 11-57</i> and last saw <i>her</i> alive on <i>Aug 22-57</i> . Death occurred at <i>11:30 a.m.</i> on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <i>Frances R. Ritchie M.D.</i>				22b. ADDRESS <i>5733 Water in care of</i>		22c. DATE SIGNED <i>9-12-57</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>		23b. DATE <i>9-13-1957</i>		23c. NAME OF CEMETERY OR CREMATORY <i>Fee Fee Cemetery.</i>		23d. LOCATION (City, town, or county) (State) <i>St. Louis County, Missouri.</i>	
24. FUNERAL DIRECTOR ADDRESS <i>C.R. Lupton & Sons; 7233 Delmar Blvd</i>				25. DATE RECD. BY LOCAL REG. <i>SEP 13 1957</i>		26. REGISTRAR'S SIGNATURE <i>Carl Smith MD</i>	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

7-5071
Call after 4:00 p.m. Monday

SEP 23 1957

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 *Clarence H. Muir*

Licensed Embalmer No. *401*

P. O. Address *H. Lewis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.