

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED JAN 30 1958

 BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 544 Registrar's No. 65

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY _____		
b. CITY (If outside corporate limits, write RURAL and give town) <u>KIRKWOOD, MO</u>		c. LENGTH OF STAY (in this place) <u>2 1/2 yr</u>	c. CITY OR TOWN <u>ST. LOUIS</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>37 OZARK NURSING HOME, 310 6209 REBER PL.</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>JESSE</u>		b. (Middle) <u>ELLIOT</u>		c. (Last) <u>DUNCAN</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>1-8-58</u>		5. SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		6. COLOR OR RACE <u>WHITE</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>5-5-1875</u>		9. AGE (in years last birthday) <u>82</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CARPENTER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>BUILDING TRADE</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>LEXINGTON KY</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>JESSE DUNCAN</u>		13b. MOTHER'S MAIDEN NAME <u>ELLIOT</u>	
14. NAME OF HUSBAND OR WIFE <u>MAGGIE DUNCAN</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>499-01-4525</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>MIONA STOFFEL</u>		17. ADDRESS <u>3819 MORGANFORD</u>		18. DATE OF OPERATION _____	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>492X</u>		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) _____		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 <u>1-1</u> 19 <u>58</u> , to <u>1-8</u> , 19 <u>58</u> , that I last saw the deceased alive on <u>1-8</u> , 19 <u>58</u> , and that death occurred at <u>9:30</u> m., from the causes and on the date stated above.					
23a. SIGNATURE <u>G. H. Duncanson</u> (Degree or title) _____			23b. ADDRESS <u>1024 Manchester, 2 L MO.</u>		23c. DATE SIGNED <u>1-8-58</u>
24a. MODE OF BURIAL (Burial, Cremation, etc.) <u>BURIAL</u>		24b. DATE <u>1-10-58</u>	24c. NAME OF CEMETERY OR CREMATORY <u>CALVARY CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS MO</u>
DATE REC'D BY LOCAL REG. <u>1-8-1958</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Donohue MD</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Howard Thiel</u> ADDRESS <u>5930 Southwest</u>	

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

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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 E Morris*.....

Licensed Embalmer No. *336*

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.