Health, Welfare Public Service

300 -57

FILED MAY 14 1958

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH 36305-58

58-016785
STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 547 Registrar's No. 1156

1. PLACE OF DEATH a. COUNTY St.Louis	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 Richmond Height's — Inside Limits Yes [X] No [ ]	c. CITY OR TOWN St.Louis — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 33 St.Mary's Hospital — Length of stay in 1b 20 minutes	d. STREET ADDRESS (If outside, give location) 2134 3225 Jasper Park — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First June Middle Last Duncan		4. DATE OF DEATH Month Day Year April 27, 1958	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED [ ] NEVER MARRIED [X] WIDOWED [ ] DIVORCED [ ]	8. DATE OF BIRTH April 27, 1958
9. AGE (In years last birthday) 0	IF UNDER 1 YEAR Months 0 Days 0	IF UNDER 24 HRS. Hours 0 Min. 20	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None	10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (City and state or country) St.Louis County, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Allen L. Duncan	13b. MOTHER'S MAIDEN NAME June Lee	14. NAME OF HUSBAND OR WIFE None	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. none	17. INFORMANT Address Mr. Allen L. Duncan 3225 Jasper Pk. City 9	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Congenital absence of the left Diaphragm. Congenital structure of the left ventricle. — INTERVAL BETWEEN ONSET AND DEATH 21 Min after birth

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Focal Subarachnoid hemorrhage

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 759.2

19. WAS AUTOPSY PERFORMED? YES [X] NO [ ]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]

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. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

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 April 27 1958 for the 20 Minutes the heart kept beating and last saw her/him alive on

Death occurred at 4.40 P. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) C.E. Williamson M.D.	22b. ADDRESS 6336 Clayton Road	22c. DATE SIGNED 4/28/58
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE 4/28/58	23c. NAME OF CEMETERY OR CREMATORY New Picker Cemetery
23d. LOCATION (City, town, or county) (State) 7133 Gravois City of St.L., Mo.		
24. FUNERAL DIRECTOR ADDRESS Hoffmeister Colonial Mortuary 6464 Chippewa St., St.Louis 9, Missouri	25. DATE RECD. BY LOCAL REG. 4-28-58	26. REGISTRAR'S SIGNATURE Herbert R. Damke M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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 Not embalmed, Student Embalmer No. ..... working under my personal supervision.

Student ..... Signature of Student Embalmer

Signed Richard G. Hoffmeister

Licensed Embalmer No. 4323

P. O. Address 6464 Chipp

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.