

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-010862

STATE FILE NUMBER

2257

FILED MAR 23 1959

Registration District No.

Primary Registration District No.

Registrar No.

Health,  
Welfare  
Public  
Service

300  
1-57

5

10

1. PLACE OF DEATH a. COUNTY				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, give TOWNSHIP only) OR TOWN <b>St. Louis</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>Normandy 4121</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Faith Hospital</b>		Length of stay in lb <b>2 days</b>		d. STREET ADDRESS (If outside, give location) <b>5556 Holborn Dr.</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <b>Stanley M. Duncan</b>				4. DATE OF DEATH Month Day Year <b>March 2, 1959</b>			
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Feb. 24, 1905</b>		9. AGE (In years last birthday) <b>54</b>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Division Chief</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>U.S. Army Procurement</b>		11. BIRTHPLACE (City and state or country) <b>Philadelphia, Pa.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	
13a. FATHER'S NAME <b>Unknown</b>			13b. MOTHER'S MAIDEN NAME <b>Unknown</b>			14. NAME OF HUSBAND OR WIFE <b>Agnes</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> or unknown) (If yes, give War or States of service) <b>WW II</b>			16. SOCIAL SECURITY NO.		17. INFORMANT Address <b>Agnes Duncan, 5556 Holborn Dr.</b>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Crownary heart disease, severe.</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>arteriosclerotic heart disease with failure</b> DUE TO (c) <b>420.0</b>						INTERVAL BETWEEN ONSET AND DEATH <b>1 year</b> <b>years</b>	
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 Month, Day, Year a.m. p.m.			20d. INJURY OCCURRED WHILE AT <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 <b>4/22/58</b> to <b>3/2/59</b> and last saw him alive on <b>3/2/59</b> Death occurred at <b>6:45 pm</b> on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Dee or title) <b>Wm. J. Franklin M.D.</b>				22b. ADDRESS <b>634 N. Grand Ave.</b>		22c. DATE SIGNED <b>3/4/59</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		23b. DATE <b>3-7-59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Catholic Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Philadelphia, Pa.</b>		
24. FUNERAL DIRECTOR ADDRESS <b>Albert H. Hoppe, 4700 Washington Blvd.</b>				25. DATE RECD. BY LOCAL REG. <b>MAR 4 1959</b>		26. REGISTRAR'S SIGNATURE <b>Earl Smith, M.D.</b>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in their reports. No symptoms written up by doctor. 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 ....., Student Embalmer No. .... working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed *Melvin L. Kemper*.....

Licensed Embalmer No. *4052*.....

P. O. Address *4911 Washington St. Louis, Mo.*.....

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.