

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-026913

STATE FILE NUMBER

2 6128

Dept. Health,
& Welfare
S. Public
Health Service

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S. 300
v. 1-57

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Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before institution) a. STATE Missouri b. COUNTY St. Louis	
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 Warson Woods 22, 4000
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Luke's Hosp.		Length of stay in 1b 12 days	d. STREET ADDRESS (If outside, give location) 816 Bricken
3. NAME OF DECEASED (Type or print) First GRACE Middle DUNCAN Last MCLEOD			4. DATE OF DEATH Month June Day 27, 1959 Year
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Oct. 9, 1983
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY None	9. AGE (In years last birthday) 75
11. BIRTHPLACE (City and state or country) Deluth, Minn.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Charles A. Duncan		13b. MOTHER'S MAIDEN NAME Ina Rose	14. NAME OF HUSBAND OR WIFE Norman McLeod
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No (or unknown)) (If yes, give work and type of service) None		16. SOCIAL SECURITY NO. None	17. INFORMANT Margaret M. Smith-816 Bricken Mo. Address Warson Woods
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) EMBOLISM PULMONARY ARTERY, LEFT			INTERVAL BETWEEN ONSET AND DEATH 13 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____			465x
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Cerebral Arteriosclerosis; Senility			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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. Month, Day, Year _____			
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 1955 to 6/27/59 and last saw her alive on 6/27/59 Death occurred at 9:25 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Hugh R. Waters (Degree or title) M.D.		22b. ADDRESS 600 Union Blvd.	22c. DATE SIGNED 6/28/59
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE June 29, 1959	23c. NAME OF CEMETERY OR CREMATORY Oak Hill Cem.	23d. LOCATION (City, town, or county) (State) Kirkwood 22, Missouri
24. FUNERAL DIRECTOR Pfitzinger Mort-Kirkwood 22, Mo.		25. DATE RECD. BY LOCAL REG. JUN 24 59	26. REGISTRAR'S SIGNATURE Loan Smith, M.D.

S.P.

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 *Herbert J. Goss Jr.*

Licensed Embalmer No. *4829*

P. O. Address *Richard 22 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.