

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-034244

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8190

STATE FILE NUMBER

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Missouri		Length of stay in 1b 12 Days	c. CITY OR TOWN East St. Louis
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Mary's Infirmary		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 1636 Piggott Ave.
3. NAME OF DECEASED (Type or print) WILLIAM DUNCAN		4. DATE OF DEATH August 30, 1961	
5. SEX Male	6. COLOR OR RACE Negro	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12/15/36
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Social Worker		10b. KIND OF BUSINESS OR INDUSTRY Ill. Child Welfare	11. BIRTHPLACE (City and state or country) E. St. Louis, Ill.
13a. FATHER'S NAME FREEMAN DUNCAN		13b. MOTHER'S MAIDEN NAME MAXINE MILLER	12. CITIZEN OF WHAT COUNTRY U.S.A.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		17. INFORMANT Address E. St. Louis Mrs. Maxine Faulkner, 1616 Baker,	
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Uremic Pericarditis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. 592x DUE TO (b) Bronchopneumonia DUE TO (c) Chronic Glomerular Nephritis			INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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.	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 7-16-61 , to 8-30-61 and last saw her/him alive on 8-30-61 Death occurred at 6:15 P m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Clyford A. Hencock MD		22b. ADDRESS 15294 St. Louis	22c. DATE SIGNED 9/1/61
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 9/3/61	23c. NAME OF CEMETERY OR CREMATORY Sunset Gardens	23d. LOCATION (City, town, or county) (State) Stookey Township, Illinois
24. FUNERAL DIRECTOR Marion's Office	ADDRESS 2114 Missouri Ave. E. St. Louis, Illinois	25. DATE RECD. BY LOCAL REG. SEP 5 1961	26. REGISTRAR'S SIGNATURE Carl Smith MD

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 Frank Prokopff

Licensed Embalmer No. 4356

P. O. Address 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.