

Registration District No. 791

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Mo. Baptist Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County _____
(c) City or town Flora
(If outside city or town limit - write "RURAL") N.R.
(d) Street No. 333 East 3rd. St.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME George Lee Duke 200

8. (b) If veteran, name war No. 3. (c) Social Security No. Unknown

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Madge 6. (c) Age of husband or wife if alive 20 years

7. Birth date of deceased Aug. 21 1912
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>27</u>	<u>9</u>	<u>12</u>	hr. _____ min. _____

9. Birthplace Texas
(City, town, or county) (State or foreign country)

10. Usual occupation Roughneck

11. Industry or business Oil Fields

12. Name Geo. F. Duke

18. Birthplace Texas
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant R. S. Brummett

(b) Address Flora, Ill.

17. (a) Removal (b) Date thereof 6-4-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maud, Okla.

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Ave.

19. (a) W. L. L. (b) J. F. Drebeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 3
year 1940 hour 1 minute 00 P.M.

21. I hereby certify that I attended the deceased from _____ c. _____, 19____, to _____, 19____;

that I last saw h. _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death traumatic hemorrhage due to laceration of lung by fractured rib. 10 years of pack smoking. Left leg supplied with a Buck set of artificial lower leg. Fell between 4:00 and 5:00 o'clock May 31 1940 while working on an oil well.

Other conditions (Include pregnancy within 3 months of death)

Major findings Of operations _____
Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Open Verdict

(b) Date of occurrence May 31 1940

(c) Where did injury occur? Flora Ill.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Industry

While at work? Yes (Specify type of place) _____
(Specify type of place) (Specify type of injury)

23. Signature W. R. Perry (M.D. or other) _____

Address Flora, Ill. Date signed 6/4/40

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

MOTHER FATHER

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 _____

_____, Registered Apprentice No. _____

working under my personal supervision.

Signed _____

Robert W. Napp

Licensed Embalmer No. _____

1861

P. O. Address _____

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 this body is not embalmed, above space should be left blank.