

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FILED AUG 28 1941

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:
2650 CAROLINE
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **LIFE** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County _____

(c) City or town **ST. LOUIS**
(If outside city or town limits, write "RURAL")

(d) Street No. **2650 CAROLINE**
(If rural, give location)

(e) If (foreign born, how long in U. S. A.? **0** years.

3. (a) PRINT FULL NAME **STEPHEN CRAIG DUNCAN**

(b) If veteran, name war **NONE**

3. (c) Social Security No. **NONE**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **JULY** day **28**
year **1941** hour **10** minute **10** **A.M.**

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

4. Sex **MALE** 5. Color or race **WHITE**

6. (a) Name of husband or wife ********* 6. (c) Age of husband or wife if alive ********* years

7. Birth date of deceased **JULY 28 1941**
(Month) (Day) (Year)

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

Immediate cause of death **PREMATURITY** Duration

8. AGE: Years -- Months -- Days -- If less than one day hr. **10** min.

Due to _____

Due to _____

9. Birthplace **ST. LOUIS MISSOURI**
(City, town, or county) (State or foreign country)

Other conditions **159**
(Include pregnancy within 3 months of death)

10. Usual occupation **INFANT**

11. Industry or business *********

Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

MOTHER FATHER

12. Name **JESSIE HARLAN DUNCAN**

13. Birthplace **RECTOR ARKANSAS**
(City, town, or county) (State or foreign country)

14. Maiden name **OPAL LOUISE CRAIG**

15. Birthplace **BERTRAN MISSOURI**
(City, town, or county) (State or foreign country)

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

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

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

16. (a) Informant's own signature **Wm. L. Smith**

(b) Address **2650 Caroline Street**

17. (a) **REMOVAL** (b) Date thereof **7-29-41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **METROPOLIS, ILLINOIS**

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature **Joseph H. [unclear]** (M. D. or vet.) **[unclear]**

Address **1325 S Grand** Date signed **7-28-41**

18. (a) Signature of funeral director **A. W. [unclear]**

(b) Address **2301 [unclear]**

19. (a) **JUL 29 1941** (b) **[unclear]**
(Date received local registrar) (Registrar's signature)

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.....

Ralph C Lunders....., Registered Apprentice No. 281
working under my personal supervision.

Signed Paul A Keith.....

Licensed Embalmer No. 3612

P. O. Address 2317 Lafayette

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.