No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 28674

FILED SEP 23 1942

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 2642

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

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: H. G. Phillips O Hosp (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community Life years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000 17 722

(c) City or town St. Louis (If outside city or town limits, write "RURAL")

(d) Street No. 2812 Walnut St (If rural, give location)

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

3. (a) PRINT FULL NAME Warren Gerald Duncan

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race Col

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife

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

7. Birth date of deceased Dec. (Month) 6 (Day) 1938 (Year)

8. AGE: Years 3 Months 9 Days 5 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)

10. Usual occupation Nil

11. Industry or business

FATHER
12. Name Ira Duncan
13. Birthplace Prescott (City, town, or county) Ark. (State or foreign country)

MOTHER
14. Maiden name Hattie Gwynn
15. Birthplace Curtis (City, town, or county) Ark. (State or foreign country)

16. (a) Informant Ira Duncan

(b) Address 2812 Walnut St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 15, '42 (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cem.

18. (a) Signature of funeral director McDowell

(b) Address 1711 N. Market St

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 11 year 1942 hour 11 minute 20 P.M.

21. I hereby certify that I attended the deceased from ; 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 Second and third degree burns of body; when deceased fell backwards into bucket of [illegible] water at his home 2812 Walnut St. Sept

Due to 10th 1942 about 12:05 PM

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operation 81

Of autopsy 17

Duration

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) Accident

(b) Date of occurrence Sept 10 1942

(c) Where did injury occur? St Louis (City or town) 000 (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)

While at work? No (e) Means of injury Scalding

23. Signature [illegible] (M. D. or other)

Address [illegible] Date signed 9/14/42

(Licensed Embalmer's Statement on Reverse Side)

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 William C. McDowell, Registered Apprentice No. ..... working under my personal supervision.

Signed William C. McDowell

Licensed Embalmer No. 244

P. O. Address .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.