

1944

FILED JUN 19 1944 18

Registration District No. \_\_\_\_\_

Primary Registration District No. 1003

Registrar's No. 5156

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:  
Deaconess Hospital  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
 In this community 6 Weeks (Specify whether  
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
 (c) City or town Overland  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 9137-Arline Avenue  
 (If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Sophronia Ann Duncan

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced M  
 6. (b) Name of husband or wife Charles 6. (c) Age of husband or wife if alive 73 years  
 7. Birth date of deceased FEB. 19 1873  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
70 3 15 hr. min.

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

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name J. R. Dunaway  
 13. Birthplace Kentucky  
 (City, town, or county) (State or foreign country)  
 14. Maiden name MARGARET Nesbitt  
 15. Birthplace Kentucky  
 (City, town, or county) (State or foreign country)

16. (a) Informant Clifford C. Duncan

(b) Address 3824-Hanover Dallas, Texas

17. (a) Burial (b) Date thereof 6-6-44  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Cemetery

18. (a) Signature of funeral director Blair Ann [unclear]

(b) Address 2504-Woodson Rd-Overland, Mo

19. (a) JUN 5 1944 J. F. [unclear]  
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 3  
 year 1944 hour 5 PM minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from June 3 to June 3, 1944.  
 that I last saw him alive on June 3, 1944.  
 and that death occurred on the date and hour stated above.

Immediate cause of death Uremia Duration \_\_\_\_\_

Due to Capillary Coronary  
Block-Urinary

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 52

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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?

While at work? (Specify type of place) \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature Charles [unclear] M.D. (M. D. or other)

Address 650 Century [unclear] Date signed 6-5-44

PHYSICIAN  
 Underline the cause to which death should be charged statistically.

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

844

PICKETT

**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..... *Archie F. Mueller*.....  
Licensed Embalmer No..... *3039*.....  
P. O. Address..... *Overland 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 this body is not embalmed, fact should be so stated above.**