

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 20 1946

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28601

State File No.

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **7036**

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:
Missouri 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..... **Missouri** (b) County..... **Dunklin** **35**

(c) City or town..... **Campbell**
(If outside city or town limits, write "RURAL") **NR 3**

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

(e) Citizen of foreign country?.....
(Yes or No) If yes, name country.....

3. (a) PRINT FULL NAME..... **LOUIS DUCKETT**

3. (b) If veteran, name war..... **No**

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

4. Sex..... **Male** ()

5. Color or race..... **White**

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

6. (b) Name of husband or wife..... **Mary Frances Duckett**

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

7. Birth date of deceased..... **October 6 1866**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
79	10	5 hr. min.

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

10. Usual occupation..... **Retired Carpenter**

11. Industry or business..... **Unknown Duckett**

MOTHER FATHER {

12. Name..... **Unknown Duckett**

13. Birthplace..... **Unknown** **9**
(City, town, or county) (State or foreign country)

14. Maiden name..... **Unknown**

15. Birthplace..... **Unknown** **9**
(City, town, or county) (State or foreign country)

16. (a) Informant..... **Mrs. Jesse Henderson**

(b) Address..... **Campbell, Mo.**

17. (a) **Burial** (Burial, cremation, or removal)

(b) Date thereof..... **8-11-46**
(Month) (Day) (Year)

(c) Place: burial or cremation..... **Campbell, Mo.**

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

(b) Address..... **4700 Washington Blvd.**

19. (a) (Date received by registrar) **AUG 2 1946**

(b) Registrar's signature..... **J. F. Brucker**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... **aug** day..... **11**
year..... **1946** hour..... **6:30** minute..... **30** A.M.

21. I hereby certify that I attended the deceased from..... **June 21**, 1946 to..... **aug 11**, 1946
that I last saw him alive on..... **aug 10**, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death..... **Pyelonephritis non calculous** **10 yrs**

Due to..... **Hypertrophied Prostate**

Other conditions..... **myocarditis chronic**
(Include pregnancy within 3 months of death)

Major findings: Of operation..... **137A Hypertrophied Prostate**

Of autopsy.....

Duration

PHYSICIAN

Signature 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).....

(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) (c) Means of injury.....

Signature..... **J. F. Brucker** (M. D. certified)

Address..... **602 N Grand** Date signed..... **8/11/46**

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

2036

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..... *W. Wilkinson*
Licensed Embalmer No..... *3575*

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, fact should be so stated above.