

V. S. No. 2  
100M-5-43  
Rev. 5-17-39  
I X36871

**FILED FEB 24 1947**

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **1566**

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

**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: Barnes Hospital, 0  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 58 days  
(Specify whether years, months or days)

In this community \_\_\_\_\_  
years, months or days)

3. (a) PRINT FULL NAME Hugh William Ducey

3. (b) If veteran, name war no

3. (c) Social Security No. 332-14-7207

4. Sex mc 5. Color or race W

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

6. (b) Name of husband or wife Victoria Ducey

6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased September 27 1894  
(Month) (Day) (Year)

8. AGE: Years 52 Months 4 Days 16 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Farmer

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

MOTHER FATHER

12. Name John Ducey

13. Birthplace Pittsfield Ill.  
(City, town, or county) (State or foreign country)

14. Maiden name Katherine McFarley

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

16. (a) Informant Victoria Ducey

(b) Address Pittsfield, Ill.

17. (a) Removal (b) Date thereof 2-14-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pittsfield, Ill.

18. (a) Signature of funeral director Arthur W. Hopper

(b) Address 4700 Washington Blvd

19. (a) **FEB 14 1947** (b) G. F. Bredeh  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Illinois (b) County Pike 999

(c) City or town Pittsfield 11  
(If outside city or town limits, write "RURAL") (N.R.)

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No) 2  
If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Feb. day 13 year 1947 hour 12 minute 20 P.M.

21. I hereby certify that I attended the deceased from Dec. 17 to Feb. 13, 1947  
that I last saw him alive on February 13, 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death, congestive edema of the lungs & atelectasis of the lungs  
Due to: lungs

Due to: reticulum cell sarcoma

Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)

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

Of autopsy as above

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) \_\_\_\_\_

(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 T. R. Bradley (M. D. or other) \_\_\_\_\_

Address Barnes Hospital, Date signed 2-13-47

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**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..... *Elmer R. Codwell* .....

Licensed Embalmer No..... *4077* .....

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.**