

S. No. 300  
10.46

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **17928**

FILED JUN 6 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **4756**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Mo</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis, Missouri</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis, Mo</b> <b>2169</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Louis City Hospital #1</b>		d. STREET ADDRESS (If rural, give location) <b>16 3400 E. Grand Blvd</b>	

3. NAME OF DECEASED (Type or Print) <b>ROSE</b>			a. (First)			b. (Middle)			c. (Last) <b>DUNCAN</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>MAY 22, 1952</b>		
6. COLOR OR RACE <b>Frank White</b>			7. MARRIED, NEVER MARRIED, WIDOWED/DIVORCED (Specify) <b>Widowed 2</b>			8. DATE OF BIRTH <b>Feb 4, 1869</b>			9. AGE (In years last birthday) <b>83</b>			10. USUAL OCCUPATION (Give kind of work done during most of working life, or as if retired) <b>Carpenter</b>		
10a. USUAL OCCUPATION			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (City and State of Foreign Country) <b>Nashville Tenn</b>			12. CITIZEN OF WHAT COUNTRY?			13. FATHER'S NAME <b>Unknown</b>		
13b. MOTHER'S MAIDEN NAME <b>Unknown</b>			14. NAME OF HUSBAND OR WIFE <b>Edward Duncan</b>			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or dates of service) <b>No</b>			16. SOCIAL SECURITY NO. <b>None</b>			17. INFORMANT'S SIGNATURE OR NAME <b>James Larkin</b> ADDRESS <b>6509 Arsenal</b>		

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Adenocarcinoma of stomach</b>		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	

21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>151X</b>	

22. I hereby certify that I attended the deceased from **5-14-52**, 19\_\_, to **5-22-52**, 19\_\_, that I last saw the deceased alive on **5-22-52**, 19\_\_, and that death occurred at **3:10A** m., from the causes and on the date stated above.

23a. SIGNATURE <b>John J. Leahy M.D.</b> (Degree or title)		23b. ADDRESS <b>1515 Lafayette Avenue</b>		23c. DATE SIGNED <b>5-22-52</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>May 24, 1952</b>		24b. DATE		24c. NAME OF CEMETERY OR CREMATORY <b>St. Louis</b>		24d. LOCATION (City, town, or county) (State) <b>Mo</b>	
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DATE REC'D BY LOCAL REG. <b>MAY 23 1952</b>		REGISTRAR'S SIGNATURE <b>Charles Smith M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>J. J. Smith</b> ADDRESS <b>1389 Union</b>	
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(Licensed Embalmer's Signature on Reverse Side)

WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

Primary site stomach

**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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed \_\_\_\_\_

*Bert J. ...*

Licensed Embalmer No. 4366

P. O. Address St. Louis, 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.