

STANDARD CERTIFICATE OF DEATH

State File No. **30285**

0.300
0.48

FILED AUG 23 1952

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 543 Registrar's No. 2157

1. PLACE OF DEATH a. COUNTY St. Louis County		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jennings		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jennings 4138	
c. LENGTH OF STAY (in this place) 5 Years		d. STREET ADDRESS (If rural, give location) 8856 Cozzens Avenue,	
d. FULL NAME OF HOSPITAL OR INSTITUTION 8856 Cozzens Avenue			

3. NAME OF DECEASED (Type or Print) a. (First) Rosa b. (Middle) Jane c. (Last) Duncan			4. DATE OF DEATH (Month) (Day) (Year) Aug. 13, 1952.		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug. 6, 1881	9. AGE (In years last birthday) 71	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At Home		11. BIRTHPLACE (City and State or Foreign Country) Williamsburg, Ky.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME James Eanes		13b. MOTHER'S MAIDEN NAME Josie Gibbs		14. NAME OF HUSBAND OR WIFE Mr. Oscar S. Duncan	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Oscar S. Duncan, 8856 Cozzens Ave.	

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) Apoplexy.		DUE TO (b) Diabetes mellitis			4 wks.
ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) 260X			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					2 years

19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION none		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 _____	

22. I hereby certify that I attended the deceased from 1940, 1910, to 8/13/52, 1910, that I last saw the deceased alive on 8/13/52, 1910, and that death occurred at 6:05P m., from the causes and on the date stated above.

23a. SIGNATURE [Signature]		23b. ADDRESS 6917 W. Elvassant		23c. DATE SIGNED 8/14/52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8-16-1952		24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery.	
24d. LOCATION (City, town, or county) (State) Normandy, Mo.					

DATE REC'D BY LOCAL REG. 8-15-52		REGISTRAR'S SIGNATURE Herbert R. Donke MD		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Math Hermann & Son Inc. 2161 E. Fair Ave.	
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524 (Licensed Embalmer's Statement on Reverse Side)

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

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 H. Fred Y. Burnley

Licensed Embalmer No. 4308

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.