

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED DEC 1 1952

BIRTH MO. REG. DIST. NO. 367 PRIMARY REG. DIST. NO. 590 Registrar's No. 3004

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) Wellston		c. CITY (If outside corporate limits, write RURAL and give township) Wellston	
c. LENGTH OF STAY (In this place) 3 months		d. STREET ADDRESS (If rural, give location) 6315 Derby ave	
d. FULL NAME OF HOSPITAL OR INSTITUTION 6315 Derby avenue			

3. NAME OF DECEASED (Type or Print) Genora		a. (First) Duncan		b. (Middle)		c. (Last)		4. DATE OF DEATH 11-19-52		
5. SEX feamel		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed		8. DATE OF BIRTH 5-14-1871		9. AGE (In years last birthday) 81		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housework			10b. KIND OF BUSINESS OR INDUSTRY at home			11. BIRTHPLACE (City and State or Foreign Country) Lynn, Mo.			12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME unknown Lansford		13b. MOTHER'S MAIDEN NAME unknown		14. NAME OF HUSBAND OR WIFE unknown	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS J. C. Spurgeon, 6315 Derby	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		Coronary occlusion			3 day	
ANTECEDENT CAUSES		DUE TO (b)			2 yrs	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		arteriosclerotic			3 day	
DUE TO (c)		Pneumonia heart disease left lung				
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.				

19a. DATE OF OPERATION none		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) 4200	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 11-16-52		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 **July 16, 1952**, to **11-16, 1952**, that I last saw the deceased alive on **11-16, 1952**, and that death occurred at **P** m., from the causes and on the date stated above.

23a. SIGNATURE D. J. Verda M.D.		(Degree or title)		23b. ADDRESS 4500. Olive St		23c. DATE SIGNED 11-22-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) removal		24b. DATE 11-21-52		24c. NAME OF CEMETERY OR CREMATORY St. James, Mo.		24d. LOCATION (City, town, or county) (State)	

DATE REC'D BY LOCAL REG. 11-23-52		REGISTRAR'S SIGNATURE Hubert R. Dambach		25. FUNERAL DIRECTOR'S SIGNATURE F. H. St. James, Mo.		ADDRESS	
---	--	---	--	---	--	---------	--

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

4001

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

W E Morris

Licensed Embalmer No. 2260

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.