

THE DIVISION OF HEALTH OF MISSOURI
40203 STANDARD CERTIFICATE OF DEATH

37806

State File No.

FILED NOV 6 - 1953

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 547 Registrar's No. 2715

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY OR TOWN <u>Richmond Heights</u>	c. LENGTH OF STAY (in this place) <u>4 1/2</u>	c. CITY OR TOWN <u>Wellsport</u>	d. Is residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Mary's Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>1817 Timberlake</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>THERESA</u> b. (Middle) _____ c. (Last) <u>DUNCAN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>10-13-53</u>		
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u>	8. DATE OF BIRTH <u>6-8-53</u>	9. AGE (In years last birthday) <u>4</u>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>child</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	

13a. FATHER'S NAME <u>J. N. Duncan</u>	13b. MOTHER'S MAIDEN NAME <u>Francis Hockle</u>	14. NAME OF HUSBAND OR WIFE <u>none</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>J.H. Duncan, 1817 Timberlake</u>

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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>454X</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Thrombosis of left subclavian artery</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>pyelonephritis artery arteriosclerosis following operation</u> DUE TO (c) <u>cyanotic congenital heart disease</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>(1) single ventricle (underdeveloped left ventricle)</u>			

19a. DATE OF OPERATION <u>10-12-53</u>	19b. MAJOR FINDINGS OF OPERATION <u>(1) Pulmonary thrombus (2) Rudimentary left ventricle</u>		20. AUTOPSY? YES <input checked="" 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) (Min.)	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 10-4-53, 1953, to 10-13, 1953, that I last saw the deceased alive on 10-13, 1953, and that death occurred at 10 A. M., from the causes and on the date stated above.

23a. SIGNATURE <u>William J. Hanstrom</u> (Degree or title) <u>MD</u>	23b. ADDRESS <u>St. Mary, Kansas Clayton Mo.</u>	23c. DATE SIGNED <u>10-20-53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>10-18-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Jonesboro, Ark.</u>

DATE REC'D BY LOCAL REG. <u>10/20/53</u>	REGISTRAR'S SIGNATURE <u>Walter R. Stanke MD</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Gregg F.H., Jonesboro, Ark.</u>
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING 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.....
Signature of Student Embalmer

Signed..... *Two Embalmer*

Licensed Embalmer No. *000*

P. O. Address..... *4104 Ma*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.