

FILED DEC 16 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **42333**
Registrar's No. **10932**

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____	
1. PLACE OF DEATH a. 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 town or township) St. Louis		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN St. Louis		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 Missouri-Baptist Hospital				e. STREET ADDRESS (If rural, give location) 6594 Scanlan Avenue		2039	
3. NAME OF DECEASED (Type or Print) GEORGE		a. (First)		b. (Middle) W.		c. (Last) DUNCAN	
4. DATE OF DEATH (Month) (Day) (Year) 11 29 54		5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	
8. DATE OF BIRTH Sept. 14, 1890		9. AGE (In years last birthday) 64		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) dentist		10b. KIND OF BUSINESS OR INDUSTRY denistry	
11. BIRTHPLACE (City and State or Foreign Country) Bonnie, Illinois		12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Marten S. Duncan		13b. MOTHER'S MAIDEN NAME Prudence Evelyn Hayes	
14. NAME OF HUSBAND OR WIFE Louise Simon Duncan		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) yes WW #1		16. SOCIAL SECURITY NO. no		17. INFORMANT'S SIGNATURE OR NAME Louise S. Duncan-6594 Scanlan Avenue	
18. CAUSE OF DEATH (See instructions on reverse side for (a), (b), and (c)) <i>This does not mean the manner of dying, such as asphyxiation, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary sclerotic occlusion ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral hemorrhagic necrosis of the thalamia, pontine area. DUE TO (c) Myocardial fibrosis of inter-ventricular septum and left ventricular wall. 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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)		21f. HOW DID INJURY OCCUR 4201	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>					
22. I hereby certify that I attended the deceased from 10-9 , 19 52 , to 11/89 , 19 54 , that I last saw the deceased alive on 11/29 , 19 54 , and that death occurred at 1:00 m., from the causes and on the date stated above.							
23a. SIGNATURE J. C. Williamson		(Degree or title) M.D.		23b. ADDRESS 6336 Clayton Road		23c. DATE SIGNED 11/30/54	
24a. BURIAL, CREMATION, REMOVAL (Specify) removal		24b. DATE 12-1-54		24c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri	
DATE REC'D BY LOCAL REG. NOV 30 1954		REGISTRAR'S SIGNATURE J. Carl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE C. R. LUPTON & SONS - 7233 Delmar Blv'd.			

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

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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 Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Arnold W Schoene*

Licensed Embalmer No. *386*

P. O. Address *St. Louis*

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.