

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42003

FILED JAN 6 1956

State File No. _____

BIRTH NO. 91057-55

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 10871

1. PLACE OF DEATH a. COUNTY -----		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). --a. STATE <u>Mo</u> b. COUNTY -----	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St Louis</u>		c. CITY OR TOWN <u>St Louis</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>27 hrs</u>		e. STREET ADDRESS (If rural, give location) <u>23 2622 California</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Anthony Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) ----- c. (Last) <u>Duncan</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 11, 1955</u>		
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u>	8. DATE OF BIRTH <u>Dec 9, 1955</u>	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months <u>1</u> Days <u>3</u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>St Louis - Mo</u>	
13a. FATHER'S NAME <u>Roy Duncan</u>			13b. MOTHER'S MAIDEN NAME <u>Loretta Kadlec</u>		14. NAME OF HUSBAND OR WIFE -----
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Roy Duncan</u> ADDRESS <u>2622 California</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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>coracic failure @ E marked pulmonary edema</u>			INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>congenital hypoplasia of Rt. ventricle & marked atresia of aortic</u>			<u>congenital anomaly</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO (c) -----			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>754.4</u>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u>	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 birth Dec 10, 1955, to Dec 11, 1955, that I last saw the deceased alive on Dec 10, 1955, and that death occurred at 1:00A m., from the causes and on the date stated above.

23a. SIGNATURE <u>Miss Dawn Hunt</u>	(Degree or title) <u></u>	23b. ADDRESS <u>3804 Wilkeson St</u>	23c. DATE SIGNED <u>12-12-55</u>
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24a. BURIAL, CREMATION, REMOVAL <u>Removal</u>	24b. DATE <u>12/12/55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Resurrection Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St Louis County Mo</u>
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DATE REC'D BY LOCAL REG. <u>DEC 12 1955</u>	REGISTRAR'S SIGNATURE <u>J. C. Smith</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>J L Ziegenhein & Sons</u> ADDRESS <u>7027 Gravois</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 Not embalmed, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed R. C. Weinheimer

Licensed Embalmer No.....

P. O. Address 702 7 Grav

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.