

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-014924
STATE FILE NUMBER

FILED MAY 6 1959

Registration District No.

Primary Registration District No.

Registration No.

23811

300
1-57

194
0

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

| | | | |
|---|----------------------------------|---|---|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis | | c. CITY OR TOWN St. Louis | |
| Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Faith Hospital | | d. STREET ADDRESS (If outside, give location) 4991 Wise Ave. | |
| Length of stay in lb | | Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First Middle Last ROY KENNETH DUNCAN | | | 4. DATE OF DEATH Month Day Year Apr. 16 1959 |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH May 18, 1894 |
| 9. AGE (In years at birthday) 64 | | IF UNDER 1 YEAR Months Days Hours Min. | IF UNDER 24 HRS. Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Restaurant Proprietor (Retired) | | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and state or country) Oshkosh, Wisconsin |
| 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | 13a. FATHER'S NAME Edgar C. Duncan | |
| 13b. MOTHER'S MAIDEN NAME Josephine Jansky | | 14. NAME OF HUSBAND OR WIFE Martha A. Duncan | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give number, dates of service) No None | | 16. SOCIAL SECURITY NO. 494-24-9922 | |
| 17. INFORMANT Martha Duncan | | Address 4991 Wise Ave. | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Terminal uremia | | | INTERVAL BETWEEN ONSET AND DEATH 78 hrs |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerotic Cardiovascular Disease | | | 3 to 5 yrs |
| DUE TO (c) Nephrosclerosis | | | 3 to 5 yrs |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH, but not related to the terminal disease condition given in PART I (a) Diabetes Mellitus - 3 to 5 yrs. | | | 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
| 20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | |
| 20c. TIME OF INJURY Hour .Month, Day, Year a.m. p.m. | | | |
| 20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | |
| 20f. CITY, TOWN, OR LOCATION | | COUNTY STATE | |
| 21. I attended the deceased from 6/25/57 to 4/16/59 and last saw her alive on 4/16/59 Death occurred at 1:50 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE <i>[Signature]</i> | | 22b. ADDRESS 1900 Madison St | |
| 22c. DATE SIGNED 4/17/59 | | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Removal | | 23b. DATE Apr. 18, 1959 | |
| 23c. NAME OF CEMETERY OR CREMATORY Valhalla Cemetery | | 23d. LOCATION (City, town, or county) St. Louis Co. Mo. | |
| 24. FUNERAL DIRECTOR Kriegshauser | | 25. DATE RECD. BY LOCAL REG. APR 17 '59 | |
| ADDRESS 4228 S. Kingshighway | | 26. REGISTRAR'S SIGNATURE <i>[Signature]</i> | |

[Handwritten initials]

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 *Richard W. Storrans*

Licensed Embalmer No. *4.2.2.7*

P. O. Address

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.