

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-032405

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **8460** STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

BY AFFIDAVIT OF DOCUMENT

FILED SEP 10 1962

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **St. Louis**
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION **D.O.A. St. John's Hospital**

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE **Mo.** b. COUNTY
c. CITY OR TOWN **St. Louis** Inside Limits Yes No
d. STREET ADDRESS (If outside, give location) **3301 Macklind Ave.** Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First **ALLEN** Middle **F.** Last **DUNCAN**
4. DATE OF DEATH Month **Aug.** Day **29** Year **1962**

5: SEX **Male** 6. COLOR OR RACE **White** 7. Married Never Married Widowed Divorced
8. DATE OF BIRTH **12-19-1902** 9. AGE (last birthday) **59**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Salesman-Famous Barr Company**
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) **Jefferson City, Mo.** 12. CITIZEN OF WHAT COUNTRY **U.S.A.**

13a. FATHER'S NAME **Sam Duncan** 13b. MOTHER'S MAIDEN NAME **Emma Unknown** 14. NAME OF HUSBAND OR WIFE **Katherine Duncan**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **None** 16. SOCIAL SECURITY NO. 17. INFORMANT **Allen L. Duncan 7101 Circleview Dr.** Address

18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) **Acute Coronary Occlusion** INTERVAL BETWEEN ONSET AND DEATH **30 minutes**
DUE TO (b) _____
DUE TO (c) **4201**

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 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 **Had no previous attention** and last saw him alive on _____ Death occurred at **8:40 P.** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **John J. Hennelly MD** 22b. ADDRESS **6500 Chippawa** 22c. DATE SIGNED **8/21/62**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 23b. DATE **Sep. 3, 1962** 23c. NAME OF CEMETERY OR CREMATORY **Resurrection Cemetery** 23d. LOCATION (City, town, or county) (State) **St. Louis Co. Mo.**

24. FUNERAL DIRECTOR **Kriegshauser 4228 S. Kingshighway Blvd.** ADDRESS 25. DATE RECD. BY LOCAL REG. **AUG 31 1962** 26. REGISTRAR'S SIGNATURE **Paul Smith M.D.**

USE BLACK INK OR TYPEWRITER RIBBON

*OK
Kriegshauser
8-5-62*

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 R.W. Stover

Licensed Embalmer No. 4007

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