

No. 2  
-1/47  
5-17-39

32160

FEDERAL SECURITY AGENCY

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED SEP 18 1947

1003

Registrar's No. 8518

Registration District No. ....

Primary Registration District No. ....

1. PLACE OF DEATH:

(a) County.....  
(b) City or town..... **St. Louis**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution.....  
**2100 Withnell Ave.**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution..... (Specify whether  
In this community..... (Specify whether  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... **Missouri** (b) County..... **St. Francois** 94  
(c) City or town..... **Flat River** 5  
(If outside city or town limits, write "RURAL")  
(d) Street No..... **405 Keith St.** 2  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No) 1  
If yes, name country.....

3. (a) PRINT FULL NAME..... **Sylvester Duncan**

3. (b) If veteran, name war..... **No** 3. (c) Social Security No. .... **None**

4. Sex..... **Male** 5. Color or race..... **White**  
6. (a) Single, widowed, married, divorced..... **Single**  
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if  
alive..... years  
7. Birth date of deceased..... **July 30 1897**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**50 1 7** br. min.

9. Birthplace..... **Mine La Motte Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation..... **Unemployed**

11. Industry or business.....

12. Name..... **John Duncan**

13. Birthplace..... **Unknown** 9  
(City, town, or county) (State or foreign country)

14. Maiden name..... **Mary Steagall**

15. Birthplace..... **Tennessee**  
(City, town, or county) (State or foreign country)

16. (a) Informant..... **Thomas Rice**  
(b) Address..... **2100 Withnell**

17. (a) Burial, cremation, or removal..... **Burial** (b) Date thereof..... **9-9-47**  
(Month) (Day) (Year)

(c) Place: burial or cremation..... **Flat River, Mo.**

18. (a) Signature of funeral director..... **Albert H. Hoppe**  
(b) Address..... **4700 Washington Blvd**

19. (a) **SEP 8 1947** (b) **John Bebeck**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... **Sept.** day..... **7**  
year..... **1947** hour..... **2** minute..... **00** P.M.

21. I hereby certify that I attended the deceased from..... **Sept 6 1947**  
**Sept 6 1947** to..... **Sept 6 1947**  
that I last saw him alive on..... **Sept 5 1947**  
and that death occurred on the date and hour stated above. Duration

Immediate cause of death..... **Cerebral Thrombosis** 1 day  
**Arteriosclerosis** 10  
Due to.....  
Due to.....

Other conditions..... **Tuberculosis** 20 years  
(Include pregnancy within 3 months of death)  
**Lungs not involved**

Major findings: Of operations.....  
Of autopsies.....

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify).....  
(b) Date of occurrence.....  
(c) Where did injury occur?..... (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public  
place?..... (Specify type of place) 0  
White at work?..... (c) Means of injury.....  
23. Signature..... **B. J. M. & G. J. Grand** (M. D.)  
Address..... **3608 S. Grand** Date signed..... **9-8-47**

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

MOTHER FATHER

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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.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed..... *W. W. Wilkerson*.....  
Licensed Embalmer No..... *3575*.....  
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 this body is not embalmed, fact should be so stated above.