WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

REC'D MAR 14 1938

4773
Do not use this space.

Registration District No. 791
Primary Registration District No. 1008
Registered No. 1418

1. PLACE OF DEATH
(a) County
(b) Township
(c) City St. Louis
(d) Street No. City Hospital # 1 St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Clarence A. DuRell 6 40
(a) Residence, No. 3501 Victor St. 17
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Elizabeth DuRell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 19, 1883

7. AGE: Years 55 | Months 8 | Days 17 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Salesman
9. Industry or business in which work was done, as saw mill, bank, etc. Clothing
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Nemaha County
(STATE OR COUNTRY) Nebraska

FATHER
13. NAME Albert DuRell
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Nebraska

MOTHER
15. MAIDEN NAME Emma Whitlow
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Nebraska

17. INFORMANT Elizabeth DuRell
(ADDRESS) 3501 Victor Street

18. BURIAL, CREMATION, OR REMOVAL
PLACE Fullerton, Nebraska Feb. 9, 1938

19. FUNERAL DIRECTOR Weick Bros.
(ADDRESS) 2201 So. Grand Blvd.

20. FILED FEB 8 1938 J. F. Bredeck
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 6, 1938

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 6:35 A.M.
The principal cause of death and related causes of importance were as follows:

Fracture of skull and subdural hemorrhage of the brain, as a result of being struck by automobile driver unknown, which failed to stop, in front of about 1510 S. Broadway, February 5, 1938, about 8:45 o'clock P.M. Homicide.

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? homicide Date of injury 2/5/, 19 38
Where did injury occur? St. Louis, Mo.
(Specify city of town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Public place
Manner of injury See above
Nature of injury See above

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) Joseph McGovern M. D.
(Address) Deputy Coroner

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I, George C. Weick, Licensed Embalmer No. 2268

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed George C. Weick

Licensed Embalmer No. 2268

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.)