REC'D JUN 9 1938

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

16393
Do not use this space.

Registration District No. 791
Primary Registration District No. 1003
Registered No. 4254

1. PLACE OF DEATH
(a) County
(b) Township
(c) City St. Louis, Mo.
(d) Street No. Mo. Baptist Hospital 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 60 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

100

2. PRINT FULL NAME David Duffy
(a) Residence, No. 8754 Oriole Ave. St. 8
(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): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~WIFE OF~~ Elizabeth Duffy

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 8th 1872

7. AGE: Years 65 | Months 6 | Days 28 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Carpenter
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 1931
11. Total time (years) spent in this occupation 45yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Chicago, Illinois.

FATHER
13. NAME David G. Duffy
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Ireland

MOTHER
15. MAIDEN NAME Harriet Napier
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Scotland

17. INFORMANT Mrs. Leona Trampe
(ADDRESS) 8754 Oriole Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE N. Bethlehem Cem. DATE May 9th 1938

19. FUNERAL DIRECTOR Guedmeyer & Sons
(ADDRESS) 3934 N. 20 St.

20. FILED MAY 9 1938 J. F. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from April 25, 1938 to May 6, 1938
I last saw him alive on May 5, 1937. Death is said to have occurred on the date stated above, at 12:15 a m.
The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia — Date of onset 4/25/38

Other contributory causes of importance:
Chronic Myocarditis — 1933
Chronic Hypertension — 1933

Name of operation None Date of
What test confirmed diagnosis? Clinically Was there an autopsy? No

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

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) P. D. Heuzel, M. D.
(Address) 462 No Taylor

(Licensed Embalmer's Statement on Reverse Side)

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.

STATEMENT BY LICENSED EMBALMER

I, Geo P Schubert, Licensed Embalmer No. 2212

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 Geo P Schubert

Licensed Embalmer No. 2212

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)