No. 2
11-10-39
-17-39
I X21492

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

JUL 15 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 22880

Registration District No. 784 Primary Registration District No. 126 Registrar's No. 1247

1. PLACE OF DEATH:

(a) County ST. LOUIS

(b) City or town Meramec Rines Valley Park Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 3
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County

(c) City or town ST. LOUIS
(If outside city or town limits, write "RURAL")

(d) Street No. #53 VANDEVENTER PLACE
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME JOHN EDWARD DURCAN JR. 1.25

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex MALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased JULY (Month) 1 0 (Day) L1 933 (Year)

8. AGE: Years 7 Months 11 Days 1 9 If less than one day hr. min.

9. Birthplace ST. LOUIS (City, town, or county) (State or foreign country) 6

10. Usual occupation SCHOOL BOY 5

11. Industry or business 6

FATHER
12. Name JOHN EDWARD DURCAN
13. Birthplace (City, town, or county) IRELAND (State or foreign country)

MOTHER
14. Maiden name DORTHY D WIER
15. Birthplace (City, town, or county) S T. LOUIS MO (State or foreign country)

16. (a) Informant DR. JOHN EDWARD DURCAN
(b) Address 53 VANDEVENTER PLACE

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 7-3-40 (Month) (Day) (Year)
(c) Place: burial or cremation C ALVARY CEMETERY

18. (a) Signature of funeral director Arthur J. Donnelly
(b) Address 3840 LINDELL BLVD.

19. (a) JUL 3 - 1940 (Date received local registrar) (b) R. K. Mayo M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 29
year 1940 hour 2 minute 30 PM.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Accidental drowning in the Big River at Jefferson County, Mo. 6/29

Due to
Dead body receovered in the Meramec River at Valley Park, St. Louis County, Mo. on July 2, 1940.

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) accident
(b) Date of occurrence June 29, 1940
(c) Where did injury occur? Jefferson County, Mo. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Big River (public place) (Specify type of place)
While at work? no (e) Means of injury Drowning.

23. Signature John O'Connell (M. D. or other)
Address Coroner of St. Louis Co. Date signed 7/2/40

(Licensed Embalmer's Statement on Reverse Side)

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 Stanley Marshall

Licensed Embalmer No. 2868

P. O. Address 3840 Lindell Blv

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, above space should be left blank.