DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MAR 19 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 8124

Registration District No. 784 Primary Registration District No. 106 Registrar's No. 495

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Kirkwood (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 113 W. Jefferson (If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Louis 96

(c) City or town Kirkwood (If outside city or town limits, write "RURAL") 4

(d) Street No. 113 W. Jefferson (If rural, give location) 3

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Edward R. Durand

3. (b) If veteran, name war

3. (c) Social Security No. 497-16-7125

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 (Month) 25 (Day) 1883 (Year)

8. AGE: Years 57 Months 7 Days 8 If less than one day hr. min.

9. Birthplace Kirkwood (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Tinner

11. Industry or business

FATHER
12. Name Julius H. Durand
13. Birthplace St Louis (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Annie Hussman
15. Birthplace St Louis (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Felix Durand
(b) Address 113 W. Jefferson Kirkwood

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-5-41 (Month) (Day) (Year)
(c) Place: burial or cremation O.A.K. Hill Cemetery

18. (a) Signature of funeral director Louis H. Bopp Inc.
(b) Address Kirkwood, Mo. Inc.

19. (a) MAR 3 1941 (Date received local registrar) (b) T. R. Meyer M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 2nd year 1941 hour 3:45 PM minute M.

21. I hereby certify that I attended the deceased from 2-10, 1941, to 3-2, 1941 that I last saw him alive on 3-1, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death acute cardiac dilatation	2 stat
Due to Cr myocarditis	10 yrs
Due to Interstitial nephritis	15 yrs
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)
(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)
While at work? (e) Means of injury

23. Signature [signature] (M. D. or other) [signature]
Address Kirkwood Mo Date signed 3-3-41

(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 John M Meyer

Licensed Embalmer No. 3288

P. O. Address 3402 W. Adams Av
Kirkwood, Mo.

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

If this body is not embalmed, fact should be so stated above.