

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH  
1003

State File No. 9199  
Registrar's No. 2609

Registration District No. 791

Primary Registration District No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St. Louis  
(c) Name of hospital or institution:  
3715 Bamberger 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 \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME Anastasia Duffy

8. (b) If veteran, name war \*\*\*\*\* 3. (c) Social Security No. \*\*\*\*\*

4. Sex Female / 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Robert C. Duffy 6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased August 16 1895  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
45 7 7 hr. min.

9. Birthplace Missouri 0  
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business \_\_\_\_\_

12. Name Hugh Reddy

13. Birthplace Ireland 4  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Ann  
(City, town, or county) (State or foreign country)

15. Birthplace Ireland 4  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Robert E. Duffin

(b) Address 3715 Bamberger Ave

17. (a) Burial (b) Date thereof March 25 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Peetz Brothers

(b) Address 3029 Lafayette Ave

19. (a) MAR 24 1941 (b) J. T. Brudick  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 16  
(c) City or town St. Louis 000  
(If outside city or town limits, write "RURAL") 12  
(d) Street No. 3715 Bamberger Ave 7  
(If rural, give location) 0  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 21 day March  
year 1941 hour 8:05 minute 11 P. M.

21. I hereby certify that I attended the deceased from 2/18/39  
to 3/21, 1941,  
that I last saw her alive on 3/21, 1941,  
and that death occurred on the date and hour stated above.

Immediate cause of death Acute dilatation of Heart Duration 5 min

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions Endocarditis 2 years  
(Include pregnancy within 3 months of death)

Major findings: Nephritis chronic PHYSICIAN \_\_\_\_\_

Of operations \_\_\_\_\_  
Of autopsy 1318  
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? \_\_\_\_\_

While at work \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature Edw. Simpson (M. D. or other) M.D.  
Address 3739 Gravois Ave Date signed 3/27/41

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

Rev. 6-17-39

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.

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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 Frank J. Owens

Licensed Embalmer No. 2245

P. O. Address St Louis Mo

**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.**