

FILED JUN 10 1942 91
Registration District No. 791

Primary Registration District No.

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis,
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Alexian Bros. Hospital. 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 Days
(Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME James E. Duvall,

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 0 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Catherine 6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased April 28 1891
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
51 -0- 29 hr. min.

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

10. Usual occupation Carpenter,

11. Industry or business _____

12. Name Vincent Duvall,

13. Birthplace Don't know 9
(City, town, or county) (State or foreign country)

14. Maiden name Don't know

15. Birthplace Don't know 9
(City, town, or county) (State or foreign country)

16. (a) Informant Lester Duvall,

(b) Address 2831 Keokuk St.

17. (a) Burial (b) Date thereof May 30, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New SS. P. & P. Cemetery

18. (a) Signature of funeral director J. J. Braddock
2842 Meramec St.

(b) Address _____

19. (a) MAY 29 1942 (b) J. J. Braddock
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County 24 9
(c) City or town St. Louis, (If outside city or town limits, write "RURAL")
(d) Street No. 2831 Keokuk St. (If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 27
year 1942 hour 10; minute 15 A. M.

21. I hereby certify that I attended the deceased from Jan 1942 to May 27 1942
that I last saw him alive on May 27 1942
and that death occurred on the date and hour stated above.

Immediate cause of death chronic myocarditis Duration 3 mo.

Due to Secondary anemia 5 mo.

Due to Waldenström's disease 34 mo.

Other conditions (Include pregnancy within 3 months of death) 930

Major findings: Of operations none Of autopsy same - 1
PHYSICIAN _____ Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: no

(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 J. J. Braddock (M. D. or other) MD

Address 326 S. P. Meramec Date signed 5-27-42

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

000
17
9

10

844

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 Me
....., Registered Apprentice No.
working under my personal supervision.

Signed Joe S Benz
Licensed Embalmer No. 4249
2842 Meramec St.,
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, fact should be so stated above.