No. 2
—5-42
5-17-39
X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 1 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

3386

State File No.

Registration District No. 74 Primary Registration District No. 111 Registrar's No. 135

1. PLACE OF DEATH:
(a) County St Louis
(b) City or town Richmond Heights
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St Marys Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St Louis
(c) City or town Kirkwood
(If outside city or town limits, write "RURAL")
(d) Street No. 472 N. Kirkwood Rd
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country /

3. (a) PRINT FULL NAME Howard Paul Durbin
3. (b) If veteran, name war Ward War I
3. (c) Social Security No. NONE
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Otie Linn Durbin
6. (c) Age of husband or wife if alive 35 years
7. Birth date of deceased Feb (Month) 3 (Day) 1896 (Year)

8. AGE: Years 46 Months 11 Days 14 If less than one day hr. min.

9. Birthplace Ft Scott (City, town, or county) Kansas (State or foreign country)
10. Usual occupation Physician
11. Industry or business
FATHER
12. Name Jas F Durbin
13. Birthplace Moberly (City, town, or county) Mo (State or foreign country)
MOTHER
14. Maiden name Clara Sinclair
15. Birthplace Unk (City, town, or county) 9 (State or foreign country)
16. (a) Informant Mrs Otie L Durbin
(b) Address 472 N. Kirkwood Rd
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-20-1943 (Month) (Day) (Year)
(c) Place: burial or cremation St Peters Cem
18. (a) Signature of funeral director Louis H Bopp Inc
(b) Address Kirkwood, Mo
19. (a) JAN 20 1943 (Date received local registrar) C G McGarvan M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 17 year 1943 hour minute M.
21. I hereby certify that I attended the deceased from Sept 2 2 1942 to Jan 16 1943 that I last saw him alive on Jan 12 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion — Duration 10 min
Due to Arteriosclerosis — 3 years
Due to 11813
Other conditions (Include pregnancy within 3 months of death) Gastric Hemorrhage Sept 22 1942 one day

Major findings:
Of operations
Of autopsy Arterial Sclerosis Left Extracapsular Hyperplasia of Prostate

PHYSICIAN
Underline the cause to which death should be tabulated 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 H L Snodgrass (M. D. or other) M.D.
Address 2816 Scott Date signed 1-19-43

707

(Licensed Embalmer's Statement on Reverse Side)

FEB 1 1943

APR 11 1945

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.....

Licensed Embalmer No.....

P. O. Address.....

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

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

S. No. 2B
M—8-21-41
P I X29288

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 3386

Registration District No. 784 Primary Registration District No. 111 Registrar's No. 135

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

1. PLACE OF DEATH:
(a) County: St Louis
(b) City or town: Richmond Heights
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Howard Paul Dunbar
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex: M
5. Color or race: W
6. (a) Single, widowed, married, divorced: M
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased: Feb (Month) 3 (Day) 1897 (Year)
8. AGE: Years 46 Months 11 Days If less than one day hr. min.
9. Birthplace (City, town, or county) Kan (State or foreign country)
10. Usual occupation
11. Industry or business
MOTHER FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan Day 17 year 1943 hour minute M.
21. I hereby certify that I attended the deceased from 19 to 19; that I last saw him alive on 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pulmonary Embolism	10 mins
Due to: Arteriosclerosis	3 yrs
Due to:	
Other conditions (Include pregnancy within 3 months of death): Gastric Hem. on 9/27/42	

Major findings:
Of operations
Of autopsy: Rt Arteriosclerosis - Left Testicular Hypertrophy

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)
(b) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (c) Means of injury

23. Signature H. S. Lindsay (M. D. or other)
Address 2816 Sutton Date signed

SUPPLEMENTARY