

FILED MAR 20 1943

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **2273**

1. PLACE OF DEATH:

(a) County.....  
(b) City or town St. Louis, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Homer Phillips Hospital 0  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 19 days  
In this community 8 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000 19  
(c) City or town St. Louis, 9 21  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2948a Dickson  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country..... 0

3. (a) PRINT FULL NAME Floyd Durham

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

4. Sex Male 5. Color or race Col 6. (a) Single, widowed, married, divorced, widowed  
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years  
7. Birth date of deceased Nov. 15 1886  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
56 3 22 hr. min.

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

10. Usual occupation FARMER

11. Industry or business.....

12. Name UNKNOWN  
13. Birthplace UNKNOWN 9  
(City, town, or county) (State or foreign country)  
14. Maiden name UNKNOWN  
15. Birthplace UNKNOWN 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Mitchell Bise

(b) Address 3960 West Belle

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-11-43  
(Month) (Day) (Year)

(c) Place: burial or cremation Greenwood CMTY

18. (a) Signature of funeral director Ellis Funeral Home

(b) Address 2820 Stoddard St.

19. (a) MAR 9 1943 (b) J. Z. Bredak  
(Data received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 7,  
year 1943 hour 4 minute 45 A. M.

21. I hereby certify that I attended the deceased from February 16, 1943, to March 7, 1943;  
that I last saw him alive on March 7, 1943;  
and that death occurred on the date and hour stated above.

Immediate cause of death.....  
Arteriosclerotic Heart Disease Unknown

Due to.....

Due to.....

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

Major findings:  
Of operations.....

Of autopsy.....

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 S. E. Smith (M. D. or other)  
Address 2601 Whilliam Date signed 3/10/43

Duration

Unknown

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER-FATHER

**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

*S. Boyer*

Registered Apprentice No.

*my*

working under my personal supervision.

Signed

*Louise Boyer*

Licensed Embalmer No.

*2946*

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.**