

Registration District No. _____ Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City Sanitarium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 yrs. 3 mos. 28 ds.
In this community 53 yrs.
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3925 Lomb Ave City Sanitarium
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME HARRY DUERR
(b) If veteran, name war Nil
(c) Social Security No. 492-05-0603

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Oct. day 27
year 1946 hour 7.00 minute A M.
21. I hereby certify that I attended the deceased from May
1 1946 to Oct. 27 1946
that I last saw him in alive on Oct. 27 1946
and that death occurred on the date and hour stated above.

4. Sex Male
5. Color or race white
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ada Duerr
6. (c) Age of husband or wife if alive 48 years
7. Birth date of deceased: Sept. 10 1893
(Month) (Day) (Year)

Immediate cause of death _____
Duration _____

8. AGE: Years Months Days If less than one day
53 1 17 _____ hr. _____ min.

Syphilitic Heart Disease 1942x.

9. Birthplace: St. Louis Missouri
(City, town, or county) (State or foreign country)

Due to _____
Due to _____

10. Usual occupation Machinist

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

MOTHER FATHER
11. Industry or business _____
12. Name Otto Duerr
13. Birthplace Breslau Germany
(City, town, or county) (State or foreign country)
14. Maiden name Maria Lang
(City, town, or county) (State or foreign country)
15. Birthplace Breslau Germany
(City, town, or county) (State or foreign country)

Major findings: _____
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant T. Singler
(b) Address 5400 Arsenal St.

22. If death was due to external causes, fill in the following:

17. (a) Burial Burial (b) Date thereof 10-30-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(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? _____

(c) Place: burial or cremation Piedmont, Missouri

While at work? _____ (Specify type of place)
(c) Means of injury _____

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.

23. Signature Paul T. Hartman (M. D. or other) _____
Address 5400 Arsenal Date signed 10/27/46

19. (a) OCT 28 1946 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

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

9226

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

Henry M. Brammer

Licensed Embalmer No.

4200

P. O. Address.....

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.