

S. No. 2
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Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 23 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **9648**

1. PLACE OF DEATH:

(a) County St. Louis Mo
(b) City or town St. Louis Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Barnes Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 hours
(Specify whether
In this community
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. 6186 Waterman
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME ROBERT CLARK Duffin
3. (b) If veteran, name war.....
3. (c) Social Security No.....

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Nov day 11
year 1946 hour 11 minute 25 P.M.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married; divorced Married
6. (b) Name of husband or wife Jessye Duffin
6. (c) Age of husband or wife if alive 54 years
7. Birth date of deceased March 19 1885
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Nov 11 1946 to Nov 11 1946
that I last saw him alive on 11-11-46
and that death occurred on the date and hour stated above.
Immediate cause of death cerebro-vascular accident Duration

8. AGE: Years 61 Months 7 Days 22 If less than one day
hr. min.

Due to hypertensive vascular disease
Due to as above

9. Birthplace Buffalo New York
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death)
as above

10. Usual occupation Secretary & Treasurer

11. Industry or business Mercantile Insurance Agency

Major findings:
Of operations.....
Of autopsy as above

12. Name William T. Duffin

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

14. Maiden name Henrietta Dennis

15. Birthplace Buffalo New York
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Jessye Duffin

(b) Address 6189 Waterman

17. (a) Burial (b) Date thereof 11/14/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Cemetery

18. (a) Signature of funeral director C. R. Lupton & Sons
(b) Address 7233 Delmar Blvd.

19. (a) NOV 12 1946 (Date received local registrar)
J. F. Budeck (Registrar's signature)

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)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature F. R. Bradley (M. D. or other)
Address Barnes Hospital Date signed 11-12-46

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

37372

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 Carene H. Murray
Licensed Embalmer No. 404
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.