

Registration District No. **161**

Primary Registration District No. **5594**

1. PLACE OF DEATH

(a) County **JEFFERSON**  
(b) City or town **RR #1 EUREKA MERAMEC**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**OWN HOME - EUREKA Mo RR#1**  
(If not in hospital or institution, write street number & location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether years, months or days) **1 YEAR**

3. (a) PRINT FULL NAME **LOUISE SOPHIE DURIVAGE**  
3. (b) If veteran, name war **NONE**  
3. (c) Social Security No. **NONE**

4. Sex **FEMALE** 5. Color or race **WHITE**  
6. (a) Single, widowed, married, divorced **WIDOWED**  
6. (b) Name of husband or wife **FRANK DURIVAGE**  
6. (c) Age of husband or wife if alive **DEC.** years  
7. Birth date of deceased **DEC. - 31 - 1876**  
(Month) (Day) (Year)

8. AGE: Years **70** Months **2** Days **29**  
If less than one day hr. min.

9. Birthplace **HOUSE SPRINGS Mo 0**  
(City, town, or county) (State or foreign country)

10. Usual occupation **HOUSEWIFE**

11. Industry or business **OWN HOME**

12. Name **FRANK LISKI**  
13. Birthplace **VIENNA AUSTRIA 4**  
(City, town, or county) (State or foreign country)  
14. Maiden name **ANNA MARIE STANDHARDT**  
15. Birthplace **ST LOUIS Mo 0**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs A. Hollman**  
(b) Address **Emma Mo RR#1**

17. (a) **BURIAL** (b) Date thereof **4-3-1947**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **St Martin's Cem. - High Ridge**

18. (a) Signature of funeral director **Wm. J. Brennan**  
(b) Address **House Springs - Mo.**

19. (a) **4-3-47** (b) **Mrs J. H. Huellala**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo. Ill.** (b) County **F. ST. CHAR**  
(c) City or town **1021 GATY AVE**  
(If outside city or town limit, write "RURAL")  
(d) Street No. **EAST ST LOUIS**  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **MARCH** day **30<sup>th</sup>**  
year **1947** hour **10** minute **15 P.M.**

21. I hereby certify that I attended the deceased from **25 Mar 47** to **30 Mar 47**  
that I last saw her alive on **30 Mar 1947**  
and that death occurred on the date and hour stated above.

Immediate cause of death: **Myocardial Infarction**  
Duration: \_\_\_\_\_  
Due to: \_\_\_\_\_  
Due to: \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)  
Major findings: Of operations **1990**  
Of autopsy **No**

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury **0**

23. Signature **J. A. Downes** (M. D. or other)  
Address **House Springs** Date signed **4/7/47**

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

50  
0  
0

RECEIVED  
District Health Officer No. 9,  
District File Number  
Date Filed APR 10 1947

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

*John H. Brimmer*

Licensed Embalmer No. 1470

P. O. Address *Hoise Springs 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, above space should be left blank.