

No. 2
-12-45
5-17-39
I X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 31 1947 318

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
1003

10773
State File No. _____
Registrar's No. 2807

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH:
(a) County _____
(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 Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 days
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Letitia Durham
3. (b) If veteran, name war X
3. (c) Social Security No. 497-07-7235

4. Sex female 5. Color or race white
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife _____
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased June 20, 1877
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
69 8 26 hr. min.

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

10. Usual occupation Lithographer

11. Industry or business Compton Litho. Co.

MOTHER FATHER
12. Name Levi Durham
13. Birthplace not known Kentucky
(City, town, or county) (State or foreign country)
14. Maiden name Hamilton
15. Birthplace not known Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant T. W. Durham
(b) Address 5234 Robert

17. (a) burial (b) Date thereof 3/17/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New SS Peter & Paul

18. (a) Signature of funeral director J. L. Ziegenhein & Sons

(b) Address 7027 Gravois

19. (a) MAR 17 1947 (b) J. D. Bruner
(Data received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County and
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4034 South Broadway
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March Day 14
Year 1947 hour 2 minute 45 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.

Immediate cause of death Fracture of skull
Removal of brain
Due to some blow to head and
removal of some contents
Due to be ascertained

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

Major findings: _____
Of operations _____
Of autopsy _____
195
94

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) Open Vehicle
(b) Date of occurrence March 14, 1947
(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? Yes

While at work? _____ (Specify type of place or kind of injury) as above

23. Signature W. H. Perry (M. D. or other) 3
Address Supply Co. Date signed 3/17/47

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

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.....

Frank J. Duane

Licensed Embalmer No. *112145*

P. O. Address *212 Front St*

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. * * *