No. 2
—1/47
17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAR 23 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 10120

Registration District No. 318 | Primary Registration District No. 1003 | Registrar's No. 2420

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: Homer Phillips
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 13 (Specify whether

In this community 5 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 1205 Walton 9
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 2

If yes, name country

3. (a) PRINT FULL NAME Rhuben Durham

3. (b) If veteran, name war No

3. (c) Social Security No. —

4. Sex M 2

5. Color or race Col

6. (a) Single, widowed, married, divorced S

6. (b) Name of husband or wife None

6. (c) Age of husband or wife if alive — years

7. Birth date of deceased April (Month) 17 (Day), 1929 (Year)

8. AGE: Years 18 | Months 10 | Days 22 | If less than one day ... hr. ... min.

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

10. Usual occupation School boy

11. Industry or business None

FATHER
12. Name Willie Durham

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

MOTHER
14. Maiden name Lizzie McEwan

15. Birthplace — Tenn
(City, town, or county) (State or foreign country)

16. (a) Informant Willie Durham

(b) Address 1205 Walton

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 3-10-48 (Month) (Day) (Year)

(c) Place: burial or cremation Memphis Tenn

18. (a) Signature of funeral director A. L. Beal Funeral Home

(b) Address 4303 Delmar

19. (a) MAR 10 1948 (Date received local registrar) (b) J. F. Broderick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 9 year 1948 hour 4 minute 10 A. M.

21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Embolism when he ran into the side of a Chevrolet car operated by Emil J. Wagle thereby inflicting a fracture of the femur and Relapse round 4:30 PM Feb 26 1948

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

Major findings:
Of operations —

Of autopsy —

Duration

PHYSICIAN

Underline the cause of which death should be charged statistically.

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

(a) Accident, suicide, or homicide (Specify) Accident

(b) Date of occurrence Feb 25 1948

(c) Where did injury occur? St Louis (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Street (Specify type of place)

While at work? (e) Means of injury Motor Car

23. Signature Patrick E. Taylor (M.D. or other) Dep Cor

Address 1300 Clark Date signed 3-10-48.

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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. Vara J. Wilson

Licensed Embalmer No. 4435

P. O. Address 261 Bellegh

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.