

FILED APR 30 1948
Registration District No. **318**

Primary Registration District No. **1003**

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:
5021 Wren
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County.....
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **5021 Wren**
(If rural, give location)
(e) Citizen of foreign country? **NO** (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME **Edward Joseph Duffy**

3. (b) If veteran, name war. **No** 3. (c) Social Security No. **487-22-6564**

4. Sex **M** 5. Color or race **W**
6. (a) Single, widowed, married, divorced **M**
6. (b) Name of husband or wife **Mary J Mertens**
6. (c) Age of husband or wife if alive **64** years
7. Birth date of deceased **Nov 8th 1881**
(Month) (Day) (Year)

8. AGE: Years **66** Months **5** Days **10**
If less than one day hr. min.

9. Birthplace **St. Louis Mo**
(City, town, or county) (State or foreign country)

10. Usual occupation **Plumber**

11. Industry or business
12. Name **Patrick Duffy**
13. Birthplace **Ireland**
(City, town, or county) (State or foreign country)
14. Maiden name **Cecelia Joyce**
15. Birthplace **St. Louis Mo**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mary Duffy**
(b) Address **5021 Wren**
17. (a) **Burial** (b) Date thereof **4.21 -48**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Calvary**

18. (a) Signature of funeral director **Wingbermuehle**
3819 S. Grand Blvd
(b) Address
19. (a) **APR 20 1948** (b) **J. F. Bredeek**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **4th** day **18th**
year **1948** hour **11/25** minute **P.M.** M.

21. I hereby certify that I attended the deceased from **4/17/48** to **4/18/48**
that I last saw him alive on **4/17/48**
and that death occurred on the date and hour stated above.

Immediate cause of death
Myeloma
Arterio sclerosis
Hypertension
Due to **Arterio sclerosis**
Due to **Hypertension**

Other conditions (include pregnancy within 3 months of death) **97**
Major findings: Of operations.....
Of autopsies.....
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).....
(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? (Specify type of place) (Mean of injury)
23. Signature **Chas. A. [unclear]** M. D. or other
Address **4952 Maryland** Date signed **4-20-48**

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

MOTHER FATHER

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..... *Elmer R. Sedwell*.....

Licensed Embalmer No..... 4027.....

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.