

No. 3000
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-17-39
PI 3906

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **38062**
Registrar's No. **9756**

FILED NOV 19 1948
Registration District No. **318**

Primary Registration District No. **1003**

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

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:
Enroute City Hospital 3
(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 St. Louis

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

(d) Street No. 4643a Delmar
12
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME John Clarence Durkin

3. (b) If veteran, name war World War I

3. (c) Social Security No. 498-03-0068

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 8
year 1948 hour 1:00 minute P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Lois Durkin

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

7. Birth date of deceased July 25 1897
(Month) (Day) (Year)

that I last saw him alive on _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death _____

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|----------|-----------|----------------------|
| | <u>51</u> | <u>3</u> | <u>13</u> | hr. _____ min. _____ |

Duration _____

Cirrhosis of Liver

Due to _____

Due to _____

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

9. Birthplace East St. Louis Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Iron Worker

Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business _____

12. Name Patrick Durkin

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

14. Maiden name Mary King

15. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Margie Durkin

(b) Address 4643a Delmar

17. (a) Removal (b) Date thereof 11-11-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Belleveille, Ill.

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.

19. (a) NOV 9 1948 J. B. Laster
(Date received local Registrar's No.) (Registrar's signature)

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 _____

23. Signature Patrick E. Durkin (M.D. or other) _____
Address Dep. Coroner Date signed 11/9/48

NOV 9 1949

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~~ Me
....., Registered Apprentice No.
working under my personal supervision.

Signed Eaton H. Remelius
Licensed Embalmer No. 4283
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.