

STANDARD CERTIFICATE OF DEATH

FILED JAN 19 1949

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State File No. 2620
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BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____ Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <i>City Hospital</i>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Missouri</i> b. COUNTY _____		
b. CITY (If outside corporate limits, write RURAL and give township) <i>St. Louis</i>		c. LENGTH OF STAY (in this place) <i>3 week</i>	c. CITY (If outside corporate limits, write RURAL and give township) <i>St. Louis</i>		<i>19</i>
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>City Hospital (1)</i>			STREET ADDRESS (If rural, give location) <i>5600 Arsenal St</i>		

3. NAME OF DECEASED a. (First) <i>Thomas Edward</i> b. (Middle) _____ c. (Last) <i>Duffin</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>1 2 49</i>		
5. SEX <i>m</i>	6. COLOR OR RACE <i>w</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>w</i>	8. DATE OF BIRTH <i>Aug. 20-1878</i>	9. AGE (in years last birthday) <i>70</i>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Retired</i>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <i>Croix Indienne</i>	
12. CITIZEN OF WHAT COUNTRY? <i>American</i>					

13a. FATHER'S NAME <i>Thomas</i>	13b. MOTHER'S MAIDEN NAME <i>Marie Galligan</i>	14. NAME OF HUSBAND OR WIFE _____			
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>	16. SOCIAL SECURITY NO. <i>NO</i>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Ann Mc Carthy 1550 N 19 St.</i>			
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Fractured Right Hip Oblique</i> ANTECEDENT CAUSES <i>Myocarditis Oblique Interstitial Nephritis suffered when deceased fell to the floor in Ward 6 I at the City Infirmary on Nov. 9 1948. At about 7:55 pm</i> II. OTHER SIGNIFICANT CONDITIONS <i>Nov. 9 1948. At about 7:55 pm</i> Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH _____
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19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION* <i>Fractured Right Hip</i>		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <i>Accident</i>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>City Street</i>	21c. (CITY, TOWN OR TOWNSHIP) (COUNTY) (STATE) <i>St. Louis Mo. Mo.</i>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <i>11 9 48 7:55 pm</i>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <i>Accident</i>

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at *11:30 am*, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>Patrick E Taylor Cor 3</i>	23b. ADDRESS <i>1300 Clark</i>	23c. DATE SIGNED <i>1-6-49</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>1-7-49</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Calvary</i>	24d. LOCATION (City, town, or county) (State) <i>St. Louis Mo.</i>
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DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <i>J. B. Lanster</i>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>St. Louis Funeral Home 2105 St. Louis</i>
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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 Me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed E. J. 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.