

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17933

State File No.

3682

FILED JUN 6 1952

318

REG. DIST. NO. PRIMARY REG. DIST. NO. 1003

Registrar's No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis, Missouri		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION City Infirmary Hospital		d. STREET ADDRESS 6318 Vermont 5800 Arsenal Street.	

3. NAME OF DECEASED (Type or Print) a. (First) Nellie	b. (Middle) L.	c. (Last) Durant	4. DATE OF DEATH (Month) (Day) (Year) 4 - 18, 1952.
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH Sept. 7, 1870	9. AGE (In years last birthday) 81	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 12 HRS. Hours	IF UNDER 1 MIN. Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none	10b. KIND OF BUSINESS OR INDUSTRY none	11. BIRTHPLACE (State or foreign country) Missouri	12. CITIZEN OF WHAT COUNTRY U
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13a. FATHER'S NAME Alfred Rowen	13b. MOTHER'S MAIDEN NAME Jane Reavis	14. NAME OF HUSBAND OR WIFE Mansfield Durant
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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) no	16. SOCIAL SECURITY NO. no	17. INFORMANT'S SIGNATURE OR NAME City Infirmary Records, 5800 Arsenal St. Roscoe Durant, 6318 Vermont	ADDRESS
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Cardiovascular Disease		5 Yrs. +
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? H281
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22. I hereby certify that I attended the deceased from April 18, 1952, to April 18, 1952, that I last saw the deceased alive on April 18, 1952, and that death occurred at 6:30 A.M., from the causes and on the date stated above.

22a. SIGNATURE Ralph Eugene Rowland M.D.	(Degree or title)	23b. ADDRESS 5800 Arsenal Street	23c. DATE SIGNED 4/18/52.
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 4-19-52	24c. NAME OF CEMETERY OR CREMATORY Mount Hope Cem.	24d. LOCATION (City, town, or county) (State) Lemay 23, Mo.
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DATE REC'D BY LOCAL REG. APR 19 1952	REGISTRAR'S SIGNATURE Carl Smith M.D.	25. FUNERAL DIRECTOR'S SIGNATURE Southern Funeral Home	ADDRESS 6322 S. Grand
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAY 6 1907

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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *David Vanfossen*

Licensed Embalmer No. *42 H. 2*

P. O. Address *6322 So. Grand*

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.