

STANDARD CERTIFICATE OF DEATH

State File No.

REC'D AUG 12 1952

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

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 2077

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u> <u>3</u>		2. USUAL RESIDENCE (Where deceased lived. If Institution: residence before death.) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Normandy</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Normandy</u> <u>4171</u>	
c. LENGTH OF STAY (In this place) <u>1 hr.</u>		d. STREET ADDRESS (If rural, give location) <u>7748 Springdale Drive</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Geiger + Florissant Rds.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Owen</u> b. (Middle) <u>Elbert</u> c. (Last) <u>Duzenberry</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 3 1952</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Jan. 29, 1922</u>
9. AGE (In years last birthday) <u>30</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Punch Press Operator Emmerson, Elec.</u>	11. BIRTHPLACE (State or foreign country) <u>Terre Haute, Indiana</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Robert C. Duzenberry</u>	13b. MOTHER'S MAIDEN NAME <u>Ina Mae Barber</u>	14. NAME OF HUSBAND OR WIFE <u>Harold Jones Duzenberry</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes World War 2</u>	16. SOCIAL SECURITY NO. <u>313-14-4662</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Harold E. Duzenberry, Normandy, Mo.</u>	
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, ashenia, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Multiple internal injuries and fractures, suffered when the automobile he was operating left the roadway while trying to make a curve and struck a telephone pole.</u> ANTECEDENT CAUSES <u>As forid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>pole.</u> Conditions contributing to the death but not related to the disease or condition causing death. <u>E 8234</u>			INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>31</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>street</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Normandy (Mo) St. Louis Mo.</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>8/3/52 2:37 A.m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Blunt impact</u>	
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 _____ m., from the causes and on the date stated above.			
23a. SIGNATURE <u>Arnold J. Willmann</u> (Degree or title) <u>Coroner</u>		23b. ADDRESS <u>Clayton, Mo.</u>	23c. DATE SIGNED <u>8/6/52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>8-7-1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Pleasant Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Terre Haute, Indiana</u>
DATE REC'D BY LOCAL REG. <u>8-4-52</u>	REGISTRAR'S SIGNATURE <u>Herbert R. Donke MO</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>White Funeral Home, Ferguson, Mo.,</u>	

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 *L. M. White* _____

Licensed Embalmer No. *3973* _____

P. O. Address *Terre Haute, Ind.* _____

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.