

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44800

State File No. _____

FILED JAN 26 1953

318

1003

Registrar's No. 12029

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		REGISTRAR'S NO. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY _____			
b. CITY OR TOWN ST. Louis		c. LENGTH OF STAY (In this place) 40 MIN		c. CITY OR TOWN St. Louis		2169	
d. FULL NAME OF HOSPITAL OR INSTITUTION City Hospital				d. STREET ADDRESS (If rural, give location) 16 3627 Humphrey St.			
3. NAME OF DECEASED (Type or Print) a. (First) William			b. (Middle) J.		c. (Last) Durney		4. DATE OF DEATH (Month) (Day) (Year) Dec 27 1952
5. SEX: Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug. 7, 1886		9. AGE (In years last birthday) 66	10. MONTHS 4	11. DAYS 20
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Hatt. Chief		10b. KIND OF BUSINESS OR INDUSTRY Fire Dept		11. BIRTHPLACE (City and State or Foreign Country) St. Louis Mo. 10		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME John Durney		13b. MOTHER'S MAIDEN NAME Anna McDonald		14. NAME OF HUSBAND OR WIFE Henrietta Durney			
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. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Henrietta Durney 3627 Humphrey St.			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CEREBRAL HEMORRHAGE ANTECEDENT CAUSES DUE TO (b) HYPERTENSIVE CARDIOVASCULAR DISEASE DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH 1 HOUR 3 YEARS
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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) _____		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? 443 X					
22. I hereby certify that I attended the deceased from 9/3, 1949 , to 12/5, 1952 , that I last saw the deceased alive on 12/5, 1952 , and that death occurred at 5:50 P. M. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Robert E. Koch M.D.				23b. ADDRESS 35 N. CENTRAL, CLAYTON, MO.		23c. DATE SIGNED 12/29/52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 12/30 1952	24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis County Mo.		
DATE REC'D BY LOCAL REG. DEC 30 1952		REGISTRAR'S SIGNATURE J. C. Smith		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J. L. Ziegenhein & Sons 7027 Gravois			

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed

G. P. Kidwell

Licensed Embalmer No. 3877

P. O. Address 7027 Grandis

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.