

No. 300  
10-48 FILED MAR 30 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 11090

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 309 PRIMARY REG. DIST. NO. 5050 Registrar's No. 3

1. PLACE OF DEATH a. COUNTY <u>Saint Charles</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Charles</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Portage Des Sioux</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Portage Des Sioux</u>	
c. LENGTH OF STAY (in this place) <u>res.</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) <u>Catherine</u>		a. (First) _____ b. (Middle) _____ c. (Last) <u>Duvall</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>March 21, 1953</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	
8. DATE OF BIRTH <u>June 1, 1869</u>		9. AGE (In years last birthday) <u>83</u>		IF UNDER 1 YEAR Months <u>9</u> Days <u>20</u> Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>own</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	
				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>William Wunsch</u>		13b. MOTHER'S MAIDEN NAME <u>Sophia Polk</u>		14. NAME OF HUSBAND OR WIFE <u>August Jerome Duvall</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Derrill Rehm, Portage Des Sioux</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2.0 min</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Hypertension</u>			
		DUE TO (c) <u>General Arteriosclerosis</u>		<u>25 years</u>	
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 <u>420k</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Minute)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from May 1940, to March 21, 1953, that I last saw the deceased alive on March 20, 1953, and that death occurred at 4 P. M., from the causes and on the date stated above.

23a. SIGNATURE <u>C.A. Barnard M.D.</u> (Degree or title)		23b. ADDRESS <u>Portage Des Sioux</u>		23c. DATE SIGNED <u>3/24/53</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>March 24, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Francis Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Portage Des Sioux, Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>Mar. 27 - 1953</u>		REGISTRAR'S SIGNATURE <u>7408</u> <u>346</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W.C. Dallmeyer &amp; Son, St. Charles, Mo.</u>		ADDRESS	
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(Licensed Embalmer's Statement on Reverse Side)

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

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FORM 3-1-1935

**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 Frank R Amalson

Licensed Embalmer No. 4832

P. O. Address St Charles, 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.