

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22810

FILED JUN 20 1953

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 5447

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>2124</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS, /</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS, 0</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>5131 ENRIGHT</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>5131 ENRIGHT A VE</u>		d. STREET ADDRESS (If rural, give location) <u>5131 ENRIGHT</u>	
3. NAME OF DECEASED a. (First) <u>JOSEPH</u>		b. (Middle) <u>A.</u>	
c. (Last) <u>DUVIC</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 30, 1953</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>WIDOWED 2</u>	8. DATE OF BIRTH <u>4/3/1870</u>
9. AGE (In years last birthday) <u>83</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED MERCHANT</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>FREDRICKTOWN MISSOURI 0</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>UNKNOWN</u>	
13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>		14. NAME OF HUSBAND OR WIFE <u>MARGARET DUVIC</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>?</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mr. John Duvic</u>		ADDRESS <u>1110 Edward Terrace</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chr. Valvular Heart Disease</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>Heart Disease</u>		INTERVAL BETWEEN ONSET AND DEATH <u>10 yrs</u> <u>12 yrs</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?		<u>4214</u>	
22. I hereby certify that I attended the deceased from <u>May 19, 1953</u> to <u>May 20, 1953</u> that I last saw the deceased alive on <u>May 19, 1953</u> and that death occurred at <u>9 A</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree of title) <u>Charles Smith MD</u>		23b. ADDRESS <u>4112 N. Harrison</u>	
23c. DATE SIGNED <u>6/1/53</u>		23d. LOCATION (City, town, or county) (State) <u>ST. LOUIS MISSOURI</u>	
24. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24a. DATE <u>6/2/53</u>	
24b. NAME OF CEMETERY OR CREMATORY <u>CALVARY CEMETERY</u>		24c. LOCATION (City, town, or county) (State) <u>ST. LOUIS MISSOURI</u>	
DATE REC'D BY LOCAL REG. <u>JUN 1 1953</u>		REGISTRAR'S SIGNATURE <u>Charles Smith MD</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>STROOT - CARROLL</u>		ADDRESS <u>1600 NATURAL BRIDGE AVE</u>	

(Licensed Embalmer's Statement on Reverse Side)

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 W. W. Wilkinson

Licensed Embalmer No. 3575

P. O. Address St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.