

FILED JUL 1 - 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **21622**
Registrar's No. **1326**

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **590**

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY OR TOWN Ladue		c. CITY OR TOWN Ladue	
c. LENGTH OF STAY (in this place) 10 years		d. Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION residence 900 S. Price Road		e. STREET ADDRESS (If rural, give location) 900 South Price Road	

3. NAME OF DECEASED (Type or Print) EDWARD M DURHAM, Jr.			4. DATE OF DEATH (Month) (Day) (Year) 6 6 54		
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	
8. DATE OF BIRTH Oct. 23, 1875		9. AGE (In years - last birthday) 78		10. IF UNDER 1 YEAR: Months _____ Days _____	
11. IF UNDER 24 HRS: Hours _____ Mins. _____		11. BIRTHPLACE (City and State or Foreign Country) Memphis, Tennessee		12. CITIZEN OF WHAT COUNTRY? USA	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired chief executive officer		10b. KIND OF BUSINESS OR INDUSTRY Rock Island Railroad		11. BIRTHPLACE (City and State or Foreign Country) Memphis, Tennessee	
13a. FATHER'S NAME Edward M. Durham		13b. MOTHER'S MAIDEN NAME Emily A. G. Pe kins		14. NAME OF HUSBAND OR WIFE Mary Grey Durham	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. unk		17. INFORMANT'S SIGNATURE OR NAME Mary G. Durham - 900 South Price Road	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Ac. myocardial infarction		DUPLICATE OF (b) Coronary arteriosclerosis with auricular fibrillation		2 hrs.	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUPLICATE OF (c)		4-5 years	

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?	

22. I hereby certify that I attended the deceased from **Feb 13, 1953** to **June 6, 1954**, that I last saw the deceased alive on **June 6, 1954**, and that death occurred at **5:40 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE Ramuel B Grant M.D.		23b. ADDRESS 114 N Taylor Ave		23c. DATE SIGNED June 7 1954	
24a. BURIAL, CREMATION, REMOVAL (Specify) removal		24b. DATE 6-8-54		24c. NAME OF CEMETERY OR CREMATORY Bellefontaine Cemetery	
24d. LOCATION (City, town, or county) (State) St. Louis, Missouri					

DATE REC'D BY LOCAL REG. 6/7/54		REGISTRAR'S SIGNATURE Hester R. ...		25. FUNERAL DIRECTOR'S SIGNATURE C. R. LUPTON & Sons	
				ADDRESS -7233 Delmar & Blv'd.	

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

4001

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.....
Signature of Student Embalmer

Signed *Arnold W. Schoene*

Licensed Embalmer No. *3864*

P. O. Address *St. Louis*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.