

10-3000
0-48

FILED SEP 2 1954

STANDARD CERTIFICATE OF DEATH

State File No. 7470

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 7470

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) <u>St Louis Mo</u>		c. LENGTH OF STAY (in this place) <u>6 hrs</u>		c. CITY OR TOWN <u>St Louis</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mo Baptist Hosp</u>		e. STREET ADDRESS (If rural, give location) <u>14 6701 Winona Ave</u> <u>2410</u>			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <u>JOHN</u>	b. (Middle) <u>JOSEPH</u>	c. (Last) <u>DUVIC</u>	(Month) <u>Aug</u>	(Day) <u>10</u>	(Year) <u>1954</u>

5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>May 19 - 1868</u>	9. AGE (in years last birthday) <u>86</u>	10. UNDER 1 YEAR Months <u>2</u> Days <u>22</u>	11. UNDER 18 HRS. Hours <u></u> Mins. <u></u>
--------------------	------------------------------	--------------------------------------------------------------------------	------------------------------------------	----------------------------------------------	----------------------------------------------------	--------------------------------------------------

12. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Meat Cutter</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Meat + Meat Market</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Farmington Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
--------------------------------------------------------------------------------------------------------------------------	--	----------------------------------------------------------------	--	----------------------------------------------------------------------------	--	-----------------------------------------------	--

13a. FATHER'S NAME <u>Alexander Duvic</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Schulte</u>		14. NAME OF HUSBAND OR WIFE <u>Nancy Jane Duvic Deceased</u>	
----------------------------------------------	--	--------------------------------------------------	--	-----------------------------------------------------------------	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>None</u>		16. SOCIAL SECURITY NO. <u>497-16-3447</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Joe Duvic</u>		ADDRESS <u>6701 Winona Ave</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				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Adip. Carcinoma of prostate</u>		ANTECEDENT CAUSES DUE TO (b) <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>					
		DUE TO (c) <u>Senility</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>None</u>				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, factory, street, office bldg., etc.) <u>Mo</u>		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? <u>177X</u>	
-------------------------------------------------	--	--------------------------------------------------------------------------------------------------------	--	-------------------------------------------	--

22. I hereby certify that I attended the deceased from 1-15, 1953, to 8-10, 1954, that I last saw the deceased alive on 8-10, 1954, and that death occurred at 2 PM, from the causes and on the date stated above.

23a. SIGNATURE <u>J. S. Plunk</u>		(Degree or title)		23b. ADDRESS <u>2300 S. Kingshighway</u>		23c. DATE SIGNED <u>8-11-54</u>	
--------------------------------------	--	-------------------	--	---------------------------------------------	--	------------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>Aug 13 - 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cem</u>		24d. LOCATION (City, town, or county) (State) <u>St Louis Mo</u>	
-------------------------------------------	--	-----------------------------------	--	----------------------------------------------------------	--	---------------------------------------------------------------------	--

DATE REC'D BY LOCAL REG. <u>AUG 12 1954</u>		REGISTRAR'S SIGNATURE <u>J. Carl Smith, M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. H. Borker</u>		ADDRESS <u>6536 Clayton Rd</u>	
------------------------------------------------	--	-----------------------------------------------------	--	---------------------------------------------------------	--	-----------------------------------	--

S.P. (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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *Paul A. Washburn*

Licensed Embalmer No. *478*

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.