

FILED FEB 21 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 6119

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **1166**

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>		c. LENGTH OF STAY (In this place) <b>0</b>	c. CITY OR TOWN <b>St. Louis</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Anthony Hospital</b>		STREET ADDRESS (If rural, give location) <b>3919 McDonald Ave.</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>John</b> b. (Middle) c. (Last) <b>Durand, Sr.</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>February 7, 1955</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>March 23, 1883</b>
9. AGE (In years last birthday) <b>71</b>		IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Employee (retired)</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Swift &amp; Co.</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis, Missouri</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13. FATHER'S NAME <b>Unknown</b>	
13b. MOTHER'S MAIDEN NAME <b>Unknown</b>		14. NAME OF HUSBAND OR WIFE <b>Eva Bretscher Durand</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Unknown</b>		16. SOCIAL SECURITY NO. <b>327-03-1350A</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>John O. Durand, Jr.</b>		ADDRESS <b>3919 McDonald Ave</b>	
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Prostatic carcinoma with generalized metastasis</b> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION <b>7-31-54</b>		19b. MAJOR FINDINGS OF OPERATION <b>Prostatic carcinoma</b>	
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) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <b>177X</b>		22. I hereby certify that I attended the deceased from <b>7-26</b> , 19 <b>54</b> , to <b>2-7</b> , 19 <b>55</b> , that I last saw the deceased alive on <b>2-6</b> , 19 <b>55</b> , and that death occurred at <b>4:15A</b> m., from the causes and on the date stated above.	
23a. SIGNATURE <b>Earl A. Powell M.D.</b>		23b. ADDRESS <b>517 Beaumont Alley</b>	
23c. DATE SIGNED <b>2-7-55</b>		24a. HOSPITAL, CREMATION REMOVAL (Specify) <b>Removal</b>	
24b. DATE <b>Feb. 10, 1955</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Sunset Burial Park</b>	
24d. LOCATION (City, town, or county) (State) <b>St. Louis County, Missouri</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Wacker-Helderk</b>	
DATE REC'D BY LOCAL REG. <b>FEB 8 1955</b>		ADDRESS <b>3634 Gravois Ave.</b>	

m. 873 (Licensed Embalmer's Statement on Reverse Side)

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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.....

*Frank J. Gylan*  
Licensed Embalmer No.....  
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.