

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14639

FILED MAY 10 1957

318

1003

STATE FILE NUMBER

Registrar's No. 4139

Registration District No. Primary Registration District No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Dunklin	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN Senath	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Virmin Desloge Hospital		Length of stay in lb 3 days	
3. NAME OF DECEASED (Type or print) First Leora Middle Duke Last Duke		4. DATE OF DEATH Month APRIL Day 30 Year 1957	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Jan. 1, 1907
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		100. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 50 IF UNDER 1 YEAR: Months Days Hours Min.
13. FATHER'S NAME G. Auston		14. MOTHER'S MAIDEN NAME Unknown	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. None	
17. INFORMANT J. B. Duke, 2923 St. Vincent		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ACUTE MYCCARDIAL INFARCTION DUE TO (b) HYPERTENSIVE CARDIOVASCULAR DISEASE DUE TO (c) 420.1 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)			INTERVAL BETWEEN ONSET AND DEATH 3 D 3+ YRS.
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)		20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		CITY, TOWN, OR LOCATION	
20g. STATE		STATE	
21. I attended the deceased from 4-27-57 to 4-30-57 and last saw her/him alive on 4-29-57 Death occurred at 2 A m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE R. William Burmester M.D.		22b. ADDRESS 1325 S Grand	
22c. DATE SIGNED 4-30-57			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 4-30-57	
23c. NAME OF CEMETERY OR CREMATORY LaGrew Cemetery		23d. LOCATION (City, town, or county) (State) Dunklin Co., Mo.	
24. FUNERAL DIRECTOR Albert H. Hoppe, 4700 Washington Blvd.		25. DATE RECD. BY LOCAL REG. MAY 1 '57	
26. REGISTRAR'S SIGNATURE [Signature]			

MEDICAL CERTIFICATION

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Health, & Welfare Public Service
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

(Licensed Embalmer's Statement on Reverse Side)

APR 8 1951

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 *John S. Senneby*
Licensed Embalmer No. 417

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.