

FILED MAY 10 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14644

State File No. 4112

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 4112

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 4112	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS MO</u>		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN <u>ST. LOUIS</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. ANTHONY HOSPITAL</u>				e. STREET ADDRESS (If legal, give location) <u>1710 3023rd MAGNOLIA</u>			
NAME OF DECEASED (Type or Print) a. (First) <u>MARY</u>		b. (Middle) <u>ELIZABETH</u>		c. (Last) <u>DURBIN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>APRIL 28 1957</u>	
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOW</u>		8. DATE OF BIRTH <u>Nov. 30 1873</u>	
9. AGE (In years last birthday) <u>83</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>WIDOW</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>AT HOME</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>ILLINOIS</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>CLEMENS BESSEN</u>		13b. MOTHER'S MAIDEN NAME <u>ELIZ. RUNNENBERG</u>		14. NAME OF HUSBAND, OR WIFE <u>ALPHONSUS DURBIN (DECD)</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>LUVINA DURBIN 3023-MAGNOLIA</u>			
18. CAUSE OF DEATH (Indicate only one cause per line for (a), (b), and (c)) <u>arterio-sclerotic heart disease</u> <i>* This does not mean the manner of dying such as suffocation, asphyxiation, etc. It means the disease, if any, or complication which caused death.</i>				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ INDEPENDENT CAUSES DUE TO (b) <u>arteriosclerosis</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____ 11. OTHER SIGNIFICANT CONDITIONS <u>Fracture, Right intertrochanteric femur</u>			
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>420.0F</u>		20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
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) _____		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 <u>9-11-57</u> , 19 <u>57</u> , to <u>April 28</u> , 19 <u>57</u> , that I last saw the deceased alive on <u>April 28</u> , 19 <u>57</u> , and that death occurred at <u>9 P</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>[Signature]</u>				23b. ADDRESS <u>5-203 Chipmunk</u>		23c. DATE SIGNED <u>4-30-57</u>	
24. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		24b. DATE <u>MAY 1 1957</u>		24c. NAME OF CEMETERY OR CREMATORY <u>ST. JOSEPH CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>PRAIRIE DU ROCHER ILL.</u>	
DATE REG'D BY LOCAL REG. <u>APR 30 '57</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Thomas Rute 2906 Graciosa</u>			

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

5203
P.D. 2-0832
also get coroner
OK.
1-3 P.M.

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.....
Samuel A. Hill

Licensed Embalmer No. *4347*

P. O. Address *2906 Law*

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.