

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

27007

FILED JUL 25 1957

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 1722

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis City</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Koch, Mo.</u>		c. LENGTH OF STAY (in this place) <u>280 days</u>		c. CITY OR TOWN <u>St. Louis</u>		d. Is 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 <u>Robert Koch Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>931 Elias Ave</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Leo</u> b. (Middle) <u>Douglas</u> c. (Last) <u>Durbin</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>7 8 1957</u>					
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED/ WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>8-14-90</u>		9. AGE (In years last birthday) <u>66</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 HR. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Acetylene Burner</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Foundry</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Lebanon, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Pius Durbin</u>			13b. MOTHER'S MAIDEN NAME <u>Treasa Birtle</u>		14. NAME OF HUSBAND OR WIFE <u>Cecile (Hoerrmann) Durbin</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>Yes WW I (1374634)</u>			16. SOCIAL SECURITY NO. <u>333-03-2216</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Records Koch Hospital Koch, Mo.</u> ADDRESS _____				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary disease due to atypical acid Pulmonary Tuberculosis</u>					ANTECEDENT CAUSES <u>fast bacilli.</u>	INTERVAL BETWEEN ONSET AND DEATH <u>7 years</u>
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) _____					II. OTHER SIGNIFICANT CONDITIONS <u>Silicosis</u> Conditions contributing to the death but not related to the disease or condition causing death. <u>Acute Brain Syndrome</u>	<u>(?)</u> <u>2 weeks</u>
		DUE TO (c) _____						
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>5272</u>					20. AUTOPSY? <u>2</u> 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?				
22. I hereby certify that I attended the deceased from <u>9-28</u> , 19 <u>56</u> , to <u>7-8</u> , 19 <u>57</u> , that I last saw the deceased alive on <u>7-8</u> , 19 <u>57</u> , and that death occurred at <u>9:45 a.m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>H.A. Harris</u> (Degree or title) <u>MD</u>				23b. ADDRESS <u>Koch Hospital, Koch, Mo</u>		23c. DATE SIGNED <u>7-8-57</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>		24b. DATE <u>7/10/57</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Dahlgren Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Gahlgren, Ill.</u>			
DATE REC'D BY LOCAL REG. <u>7-9-57</u>		REGISTRAR'S SIGNATURE <u>Herbert A. Donk</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>DIEDRICH FUNERAL HOME, 8319 Hallsferry</u> ADDRESS _____				

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 *John J. Haines*.....  
Licensed Embalmer No. *4700*.....  
P. O. Address *St. Louis*.....

**Note:** The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING.** (If 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.