

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

3554-58

58-011554  
STATE FILE NUMBER

FILED APR 9 1958

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

3612

300  
1-57

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo</b> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis</b>		c. CITY OR TOWN <b>St Louis</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>7157 Lindenwood</b>		d. STREET ADDRESS <b>7157 Lindenwood</b>	
3. NAME OF DECEASED (Type or print) First <b>Deborah</b> Middle <b>K</b> Last <b>Duffner</b>		4. DATE OF DEATH Month <b>Mar.</b> Day <b>29</b> Year <b>1958</b>	
5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Jan 11, 1958</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>none</b>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <b>11</b> MONTHS <b>11</b> DAYS <b>WKS</b> HOURS Min.
11a. BIRTHPLACE (City and state or country) <b>St Louis Mo</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Raymond Duffner</b>		13b. MOTHER'S MAIDEN NAME <b>Judy Janca</b>	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, name, rank, service) <b>no</b>	
16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT <b>Raymond Duffner</b> Address <b>7157 Lindenwood</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Acute Bronchopneumonia</b>			INTERVAL BETWEEN ONSET AND DEATH <b>2 days</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			<b>491x</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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.) <b>2</b>	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. _____		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <b>March 26-58</b> to <b>March 28</b> and last saw her/him alive on <b>March 28-58</b> Death occurred at <b>11:45 P.M.</b> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>John D. Bertland</b> (Doctor or title)		22b. ADDRESS <b>3739 Bravis</b>	
22c. DATE SIGNED <b>3-29-58</b>			
23a. BURIAL, CREMATION, REMOVAL <b>Removal</b>		23b. DATE <b>3/31/58</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>Mt Hope Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>St Louis County Mo.</b>	
24. FUNERAL DIRECTOR <b>J L Ziegenhein &amp; Sons</b> ADDRESS <b>7027 Gravois</b>		25. DATE RECD. BY LOCAL REG. <b>MAR 31 '58</b>	
26. REGISTRAR'S SIGNATURE <b>J. Earl Smith, M.D.</b> <b>M. J. B.</b>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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.

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 E. P. Kidwell .....

Licensed Embalmer No. 3877 .....  
P. O. Address 7027 Gravel .....

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.