

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-034349

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 317

Primary Registration District No. 500

Registrar's No. 2374

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED AUG 10 1963

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Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JEFFERSON			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN JEFFERSON BARRACKS, MO.		Length of stay in 1b 7 DAYS		c. CITY OR TOWN HIGH RIDGE	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSPITAL		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) (If outside, give location)	
3. NAME OF DECEASED (Type or print) First EDWARD Middle (NMI) Last DUREE			4. DATE OF DEATH Month JULY Day 26 Year 1963		
5. SEX MALE	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 9-26-1896	9. AGE (last birthday) 66 YRS	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RUG WEAVER		10b. KIND OF BUSINESS OR INDUSTRY NEW HAVEN, MISSOURI		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME STEVEN DUREE		13b. MOTHER'S MAIDEN NAME MOLLY ROWE		14. NAME OF HUSBAND OR WIFE ALMA DUREE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of) YES WW-1		16. SOCIAL SECURITY NO. NEXT OF KIN		17. ADDRESS MRS. ALMA DUREE, HIGH RIDGE, MO.	
18. CAUSE OF DEATH (Enter only one cause per time for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:					INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) ACUTE AND SUBACUTE MYOCARDIAL INFARCTION					1 to 3 DAYS
DUE TO (b) ACUTE PASSIVE CONGESTION WITH PULMONARY EDEMA					1 to 3 DAYS
DUE TO (c) ACUTE AURICULAR FIBRILATION WITH LEFT AURICULAR/					TEROMBUS
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PAGETS DISEASE OF BONE. ACUTE HEMORRHAGIC GASTRITIS					PART III. Deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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.)			
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>			
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) VA		20f. CITY, TOWN, OR LOCATION VA HOSP. JEFF. BRKS, MO.		COUNTY	STATE
21. I attended the deceased from 7-19-63 to 7-26-63 Death occurred at 12:30 AM on the date stated above, and, to the best of my knowledge, from the causes stated.					
22a. SIGNATURE John J. Mueller (Degree or title) <i>John J. Mueller M.D.</i>			22b. ADDRESS VA HOSP. JEFF. BRKS, MO.		22c. DATE SIGNED 7-26-63
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 7/29/63	23c. NAME OF CEMETERY OR CREMATORY National Cemetery		23d. LOCATION (City, town, or county) St. Louis County, Mo.	
24. FUNERAL DIRECTOR Frohwitter-Miller Funeral Home		25. DATE RECD. BY LOCAL REG. 7-26-63		26. REGISTRAR'S SIGNATURE <i>John J. Mueller M.D.</i>	

(Licensed Embalmer's Statement on Reverse Side)

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 Herbert J. Cox Jr.

Licensed Embalmer No. 4800

P. O. Address Kirkwood 22 Mo

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.