MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

40109

1. PLACE OF DEATH
County Bates
Township Rockville
City Rockville
Registration District No. 54
Primary Registration District No. 4032
File No.
Registered No.
(No. St. Ward)

2. FULL NAME Carl Durst

(a) Residence. No. St., Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JAN 19 1932

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Rosa Sperr

6. DATE OF BIRTH (MONTH, DAY AND YEAR): May 12-1862

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
69	6	25	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Retired Farmer
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN): Pfaffenhofen
(STATE OR COUNTRY): Germany

PARENTS

10. NAME OF FATHER: Jacob Durst
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Pfaffenhofen
(STATE OR COUNTRY): Germany
12. MAIDEN NAME OF MOTHER: Pauline Schadle
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Pfaffenhofen
(STATE OR COUNTRY): Germany

14. INFORMANT: W. Stener
(Address): Rockville Mo

15. FILED Dec 9 1931 Mrs. J. B. Freeman
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR): Dec. 7 1931 19

17. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
that I last saw h..... alive on ....., 19....., and that death occurred, on the date stated above, at 3 A.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Most likely cerebral hemorrhage.
Died suddenly
8 VA 199 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Age
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? No. DATE OF
WAS THERE AN AUTOPSY? No.
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) A. B. Freeman M. D
, 19 (Address) Rockville, Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Rockville Cem
DATE OF BURIAL: Dec 10 1931

20. UNDERTAKER: W. S. Walker
ADDRESS: Rockville