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

Do not use this space.

14504

791
1003

1. PLACE OF DEATH

County ..... Registration District No. ..... File No. .....

Township ..... Primary Registration District No. ..... Registered No. 3879

City St Louis (No. City Hospital St. ..... Ward)

1026

2. FULL NAME Charles Duryee

(a) Residence, No. 3188a Minnesota St., Ward 16
(Usual place of abode) (If nonresident, give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male

4. COLOR OR RACE white

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 17-1932

7. AGE YEARS MONTHS DAYS If LESS than 1 day, 3 hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. nil

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis Mo.

FATHER

13. NAME Bert S. Duryee

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bay City Mich.

MOTHER

15. MAIDEN NAME Lillian May McCoy

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Atlanta Kansas

17. INFORMANT (ADDRESS) Hospital Information Trace Hosp. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL

PLACE [illegible] DATE 4-21- 1932

19. UNDERTAKER (ADDRESS) Shannon 1426 Carol

20. FILED APR 20 1932 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 17th 1932

22. I HEREBY CERTIFY, That I attended deceased from April 17th 1932 to April 17th 1932

I last saw him alive on April 17th 1932 Death is said to have occurred on the date stated above, at 11.30 a m

The principal cause of death and related causes of importance were as follows:

Date of onset

159

Prematurity (5 months)

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) [illegible], M. D.

(Address) City Hospital

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

V. S. No. 2

1026