

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 11
City St. Louis (No. 4168, Polonas)

File No. 21644
Registered No. 5443
St. Ward)

2. FULL NAME

(a) Residence, No. 4168 Polonas St. 16 Ward.

(If nonresident, give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mattie Durand</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb 24 - 1881</u>		
7. AGE	YEARS <u>52</u>	MONTHS <u>3</u>
	DAYS <u>27</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Accountant</u>	
	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)	<u>St. Louis</u> <u>Mo.</u>	
FATHER	13. NAME <u>John Durand</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
	15. MAIDEN NAME <u>Unknown</u>	
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
	17. INFORMANT (ADDRESS) <u>Mattie Durand</u> <u>4168 Polonas St.</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>New St. Marcus</u> DATE <u>June 24 1933</u>		
19. UNDERTAKER (ADDRESS) <u>Wackey Welderle</u> <u>2331 S. Broadway</u>		
20. FILED <u>4 24 1933</u> <u>J. F. Beckett</u> Registrar.		

4 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 21 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 5 1931, to June 21 1933.
I last saw him alive on June 20 1933. Death is said to have occurred on the date stated above, at 11:15 p.m.
The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage Date of onset
93C
82A
97
Other contributory causes of importance:
Arteriosclerosis - Hypertension (Arterio)
Chronic Relaxatio

Name of operation..... Date of.....
What test confirmed diagnosis..... Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No Date of injury....., 19.....
Where did injury occur? No
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
No
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify Paul Bernstoff, M. D.
(Signed).....
(Address) 4350 Wame

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.

WHITE PRINT, WITH OBTAINING INK—THIS IS A PERMANENT RECORD

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