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.

JAN 26 1934

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

Do not use this space.

41751

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. [illegible]

File No. .....

Registered No. 10789

City St Louis (No. 5236 Lexington St. ..... Ward)

2. FULL NAME Harold A Durning

(a) Residence, No. ..... St., 6 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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: 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) Sept 24th 1907

7. AGE: YEARS 26 MONTHS 2 DAYS 21 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Not Employed

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

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

FATHER

13. NAME John P. Durning

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis

MOTHER

15. MAIDEN NAME Mary McElroy

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis

17. INFORMANT (ADDRESS) Mary Durning 5236 Lexington a

18. BURIAL, CREMATION, OR REMOVAL

PLACE Calvary DATE Dec 18th 1933

19. UNDERTAKER (ADDRESS) Arthur J Donnelly & Co 3840 Lindell Bl

20. FILED DEC 16 1933, 19 J F Biedeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) ~~Sept 1~~ Dec 14 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1933, to Dec. 14, 1933

I last saw him alive on Dec 14, 1933. Death is said to have occurred on the date stated above, at 11:10 P.m.

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

	Date of onset
Acute Broncho-pneumonia	
131	Dec 12
109 A	1933

Other contributory causes of importance:

Chronic Interstitial nephritis	2 yrs.

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? no

If so, specify .....

(Signed) Roland R. Meyer M. D.

(Address) 5330 Geraldine Av

5330 Geraldine

Dr Monaco

Ex 0981

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