

**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. **1003**
 City **St. Louis** (No. **Deaconess Hospital**) St. _____ Ward _____

File No. **2942**
 Registered No. **587**

2. FULL NAME

Joseph Duering
 (a) Residence, No. **6242 Goerner Ave.** St. **N. P.** Ward. **St. Louis Co. Mo.**
 (Usual place of abode) (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 Male	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Caroline Duering				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 4th, 1853				
7. AGE YEARS 81	MONTHS 0	DAYS 11	If LESS than 1 day, hrs. or min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired			
	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) Germany				
FATHER	13. NAME Unknown			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany			
MOTHER	15. MAIDEN NAME Unknown			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany			
17. INFORMANT Walter J. Folger (ADDRESS) 3900 West Florissant Ave.				
18. BURIAL, CREMATION, OR REMOVAL SunSet Burial Park DATE Jan. 17th, 1934				
19. UNDERTAKER Frehmann Haral (ADDRESS) 1905 Union Blvd.				
20. FILED Jan 16 1934 J. Brebeck Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Jan. 15, 1934**

22. I HEREBY CERTIFY, That I attended deceased from **Nov 1, 1933** to **Jan 15, 1934**
 I last saw him alive on **Jan 15, 1934** Death is said to have occurred on the date stated above, at **1 P. M.**
 The principal cause of death and related causes of importance were as follows:
Chronic Myocarditis Date of onset **5 yrs ago**
Cardiac Decompensation
 Other contributory causes of importance:
Coronary Arteriosclerosis

Name of operation..... Date of.....
 What test confirmed diagnosis?..... Was there an autopsy?.....

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 **Byrow J. Mc. Ginnis, M. D.**
 (Signed) **Byrow J. Mc. Ginnis, M. D.**
 (Address) **1380 1/2 Broadway**

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.

RECORD WITH ORIGINAL INFORMATION—THIS IS A PERMANENT RECORD

3003 S Broadway
17-7