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.

APR 25 1934

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 File No. 10387

Township ..... Primary Registration District No. 1003 Registered No. 2170

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

2. FULL NAME Charles Thomas Durer

(a) Residence, No. 1711 N. Union 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
M	W	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 25 - 1872

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	61	4	5	

OCCUPATION

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

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

10. Date deceased last worked at this occupation (month and year) Feb 28 - 1934

11. Total time (years) spent in this occupation 1

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Edwardsville Illinois

FATHER

13. NAME Bernardure Durer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Switzerland

MOTHER

15. MAIDEN NAME Ida Marie Landolt

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Switzerland

17. INFORMANT (ADDRESS) Mrs Rosalee Durer 1711 N. Union St Louis Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Edwardsville Ill DATE Mar 3 1934

19. UNDERTAKER (ADDRESS) Albert H. Hoppe 429 N. Euclid Mo

20. FILED ..... 19.. J. J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar - 1 , 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on 8/15 ~~19~~ Death is said to have occurred on the date stated above, at a m.

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

Aneurysm of arch of Aorta with rupture & hemorrhage

Date of onset

Other contributory causes of importance:

96

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? ..... 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) [signature] M.D.

(Address) Deputy Coroner

3/4/34