NOV 13 1934

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

Do not use this space.

37910

File No. .....

Registered No. 10397

Registration District No. 791

Primary Registration District No. 1003

1. PLACE OF DEATH

County .....

Township .....

City St Louis (No. 3122a S Grand Ave St. ..... Ward)

2. FULL NAME Edw. J. Duess

(a) Residence, No. 3122a S Grand St., 16 Ward.
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 4-1870

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	64	3	20	

OCCUPATION

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

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

10. Date deceased last worked at this occupation (month and year) Sept 1927

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

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

FATHER

13. NAME Capt Jno Duess

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Baden Germany

MOTHER

15. MAIDEN NAME Elizabeth Dicken

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

17. INFORMANT (ADDRESS) Pauline Duess 3122a S Grand Ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE Valhalla Crematory DATE Oct 27 1934

19. UNDERTAKER (ADDRESS) Louis J. Schmitt 3954 Russell Blvd

20. FILED OCT 26 1934 J. H. Biedeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-24- 1934

22. I HEREBY CERTIFY, That I attended deceased from 8-30 1934, to 10-24 1934
I last saw h. alive on 10-27 1934 Death is said to have occurred on the date stated above, at 3:20a m.
The principal cause of death and related causes of importance were as follows:

Chr. Myocarditis.
Chr. Nephritis.
Arteriosclerosis
Cerebral Hemorrhage

Date of onset

Other contributory causes of importance:
Hypertension.
Chr Prostatic (Hypertrophy)

Name of operation None. 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 .....

(Signed) C. V. Lindbergh jr., M. D.
(Address) 3115 S Grand St Louis

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.

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

[illegible]

[illegible] Bldg