

AUG 20 1935

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

Do not use this space.

22944

2376

## 1. PLACE OF DEATH

County Jackson  
Township Grand  
City St. Louis (No. 2658, East 7th St., St. \_\_\_\_\_ Ward)

Registration District No. 377

File No.

Primary Registration District No. \_\_\_\_\_

Registered No.

2. FULL NAME George Duer(a) Residence, No. 2658 East 7th St., \_\_\_\_\_ 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.

da.

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)

married

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

Hettie Duer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

March 29-1851

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8433

OCCUPATION

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

Retired

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

Laborer

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)

Illinois

FATHER

13. NAME

Joseph Duer

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

Illinois

MOTHER

15. MAIDEN NAME

Sarah

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

no Record

17. INFORMANT (ADDRESS)

George Duer, 109 1/2 N. Main St., St. Louis

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Green Lawn DATE July 5-35

19. UNDERTAKER (ADDRESS)

Mrs. C. G. Fortner, 718 Broadway Ave., St. Louis

20. FILED

July 3, 1935 M. M. Brown Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July - 2 - 1935

22. I HEREBY CERTIFY, That I attended deceased from

June 18, 1935, to July 2, 1935.I last saw him alive on July 1st, 1935. Death is saidto have occurred on the date stated above, at 5 P. m.

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

Date of onset

Left ventricular failure with pulmonary edema  
92 B2

Other contributory causes of importance:

hypertensive heart disease

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?

If so, specify

(Signed) Charles Wolfend, M. D.(Address) 1014 Med. Bldg., 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.

mediata by.

Pa. 8554

8:00