NOV 4 1936

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

Do not use this space.

39065

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City ST. LOUIS MO (No. 4971 ALCOTT St. ..... Ward) 10094

File No. .....

Registered No. .....

2. FULL NAME John F. DUERST.

(a) Residence, No. 4971 ALCOTT St., 7 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): MARRIED

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): AUG. 3 - 1901

7. AGE: YEARS 35 MONTHS 2 DAYS 2 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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

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): MISSOURI

FATHER

13. NAME: John DUERST.

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

MOTHER

15. MAIDEN NAME: IDA LANDWEHR.

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

17. INFORMANT (ADDRESS): VIOLA DUERST. 4971 ALCOTT

18. BURIAL, CREMATION, OR REMOVAL PLACE: CALVARY CEM. DATE: OCT. 8 1936

19. UNDERTAKER (ADDRESS): E. J. Schnur. 3125 Lafayette Av.

20. FILED: OCT 9 1936 J. A. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct. 5, 1936

22. I HEREBY CERTIFY, That I attended deceased from 9-14, 1936 to 10-5, 1936

I last saw him alive on 10-3, 1936 Death is said to have occurred on the date stated above, at 8 A. m.

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

Chronic pulmonary tuberculosis

Date of onset

Other contributory causes of importance: Tuberculous laryngitis

Name of operation ..... Date of .....

What test confirmed diagnosis? Exam 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? .....

If so, specify .....

(Signed) [signature], M. D.

(Address) 5074 N. Union Blvd.

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.

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