JAN 20 1937

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

Do not use this space.

File No. 46231
Registered No. 12015

1. PLACE OF DEATH

County ..... Registration District No. 791
Township ..... Primary Registration District No. 1003
City ST.LOUIS (No. 2744 ALLEN AVE St. ..... Ward)

2. FULL NAME ELIZABETH M. DURAND

(a) Residence, No. 2744 ALLEN AVE. St., 23 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)
FEMALE	WHITE	WIDOW

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) DEC. 4, 1869

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
67	xx	1	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. HOUSEWIFE
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. AT HOME
10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) ST.LOUIS (STATE OR COUNTRY) MO

FATHER
13. NAME JOSEPH A.ROBERT
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ST.LOUIS MO.

MOTHER
15. MAIDEN NAME EPHROSIN GAMACHE
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MO.

17. INFORMANT EDNA DURAND (ADDRESS) 2744 ALLEN AVE.

18. BURIAL, CREMATION, OR REMOVAL
PLACE MT. OLIVE CEM. DATE DEC. 7, 1936

19. UNDERTAKER Petty Bros (ADDRESS) 3029 LAFAYETTE AVE.

20. FILED DEC 7 1936 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from August 14, 1936, to Dec. 5, 1936, 19..
I last saw her alive on Dec. 4, 1936, 19.. Death is said to have occurred on the date stated above, at 12.45a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Hodgkin's Disease.	
Duration:- 2 years.	

Other contributory causes of importance:
Anemia.
Duration: 1½ years.

Name of operation Biopsy of gland Date of 8/14/36
What test confirmed diagnosis? physical clinical and laboratory findings. 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) C. L. Nestel M.D., M. D.
(Address) 3606 Gravois Ave.

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.

No. 2 1800M-11-24-33

Dr. A. Heitel
3606 Travers