

FEB 16 1938

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

4240  
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 96  
(b) Township Wellston Primary Registration District No. 214  
(c) City Wellston (d) Street No. 6324 Wells Ave. St. Mo.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Louise Durrwachter 623  
(a) Residence, No. 6324 Wells Ave. St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 1/38. 1938

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

22. I HEREBY CERTIFY, That I attended deceased from Feb. 1st, 1938, to Feb. 1st, 1938  
I last saw her alive on Feb. 1st, 1938. Death is said to have occurred on the date stated above, at 10.30 A.M.  
The principal cause of death and related causes of importance were as follows:

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 1, 1938.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ... hrs. or ... min.  
-- -- -- 6

Other contributory causes of importance: open foramen ovale

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

Date of onset 1570  
Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? al. Hmp Where an autopsy? no

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

FATHER 13. NAME Henry Durrwachter  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

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.

MOTHER 15. MAIDEN NAME Manuida Keel  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

17. INFORMANT Henry Durrwachter (ADDRESS) 6324 Wells Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Walhalla Cem. DATE Feb. 2/38.

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

19. FUNERAL DIRECTOR Jos. W. Clark, (ADDRESS) 1125 Hodienont Ave.

20. FILED 2-7 1938 J.B. Meyer Local Registrar.

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify \_\_\_\_\_ (Signed) J.D. Thurman, M. D. (Address) 6753 Page

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.

STATEMENT BY LICENSED EMBALMER

I, Jos. W. Clark, Licensed Embalmer No. I66I

hereby certify that the body recorded on the reverse side of this certificate was embalmed by No embalming

L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_  
working under my personal supervision.

Registered Apprentice No. \_\_\_\_\_

Signed

Jos. W. Clark.

Licensed Embalmer No. I66I.

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**