

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

8240  
Do not use this space.

REC'D APR 12 1939

791  
1003

1. PLACE OF DEATH
- (a) County..... Registration District No.....
- (b) Township..... Primary Registration District No.....
- (c) City St. Louis, Mo. (d) Street No. City Infirmery. St. \_\_\_\_\_  
(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.

Registered No. **2005**

2. PRINT FULL NAME William Durant
- (a) Residence, No. 5800 Arsenal St. St. 13 (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <b>Male</b>	4. COLOR OR RACE <b>White</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <b>Unknown.</b>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>unk</u> <b>1866.</b>		
7. AGE YEARS <b>72</b> ( <u>abt</u> )	MONTHS <b>X</b>	DAYS <b>X</b>
If LESS than 1 day, ..... hrs. or ..... min.		
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <b>No Occupation.</b>		
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
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Unknown.</b>		
13. NAME <b>"</b>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>"</b>		
15. MAIDEN NAME <b>"</b>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>"</b>		
17. INFORMANT <b>E. Molony,</b> (ADDRESS) <b>5800 Arsenal St.</b>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St Louis U 2-15-39</u> DATE <u>19</u>		
19. FUNERAL DIRECTOR (ADDRESS) <u>W. Richter 3501</u>		
20. (Address) <u>J. D. Budney</u> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **February 10, 1939**

22. I HEREBY CERTIFY, That I attended deceased from **October 20, 1938, to February 10, 1939**  
I last saw him alive on **February 10, 1939** Death is said to have occurred on the date stated above, at **8:30 m. A.M.**

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

*Cerebral Thrombosis*

Other contributory causes of importance:

Name of operation None Date of \_\_\_\_\_  
What test confirmed diagnosis? None Was there an autopsy? Yes

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) George M. Pille M. D.  
(Address) 5600 Arsenal St.

MAR 2 1939

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.

I, X12004

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**STATEMENT BY LICENSED EMBALMER**

I, ....., Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E. ....

No..... or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

**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.)**