

DEC'D APR 12 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH8896
Do not use this space.

1. PLACE OF DEATH

(a) County.....
 (b) Township.....
 (c) City St. Louis, Mo. (d) Street No. Central Hospital 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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

Registration District No. 791
1003

Primary Registration District No.

Registered No. 2661

2. PRINT FULL NAME

Lois Irene Durkin
 (a) Residence, No. 3714A Lee Ave. St. 10
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>John C. Durkin.</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 27, 1900.</u>		
7. AGE	YEARS <u>38</u>	MONTHS <u>8</u>
	DAYS <u>23</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as a sawyer, bookkeeper, etc. <u>At Home.</u>	
	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) <u>Kentucky</u>		
FATHER	13. NAME <u>James Walter Hobbs.</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky.</u>	
MOTHER	15. MAIDEN NAME <u>Ann Regina Hayden.</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky.</u>	
17. INFORMANT <u>John C. Durkin.</u> (ADDRESS) <u>3714A Lee Ave.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Mt. Carmel</u> DATE <u>3-23-39</u> , 19...		
19. FUNERAL DIRECTOR (NAME) <u>Arthur J. Donnelly.</u> (ADDRESS) <u>3840 Lindell Blvd.</u>		
20. FILED <u>MAR 21 1939</u> <u>J. D. Brubaker</u> Local Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 20, 1939

22. I HEREBY CERTIFY That I attended deceased from

Mar 3, 1939, to Mar 20, 1939I last saw her alive on Mar 20, 1939. Death is saidto have occurred on the date stated above, at 11:45 A.M.

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

acute myocarditis Date of onset

Other contributory causes of importance:

angina pectorisName of operation Heart section (fibrosome) Date of 3-7-39What test confirmed diagnosis? specimens Was there an autopsy? x

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? no Date of injury, 19....Where did injury occur? no
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury noNature of injury no

24. Was disease or injury in any way related to occupation of deceased?

If so, specify no(Signed) D. M. J. Harrison(Address) 206 Lindell Blvd. St. Louis

(Licensed Embalmer's Statement on Reverse Side)

WHITE PAPER, WITH IMPADING 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 X16605

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed *Alfred J. Boedeker*

Licensed Embalmer No. *2663*

P. O. Address *4204 Paine*

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.)

If this body is not embalmed, above space should be left blank.