

JUL 12 1939

701

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH: **1008**
 (a) County _____
 (b) City or town **St. Louis Mo.**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
en route City Hosp. No. 1 **31**
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community **1 year**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State _____ (b) County _____
 (c) City or town **St. Louis** **1 2**
(If outside city or town limits, write "RURAL")
 (d) Street No. **4658 Tyrolean Ave.**
(If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME **Francis Jeanette McDuffy**
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____
 4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Single**
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased **June 21 1938**
(Month) (Day) (Year)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **June** day **16th**
 year **1939** hour **1** minute **26** P. M.
 21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
 that I last saw him alive on _____, 19____;
 and that death occurred on the date and hour stated above.

8. AGE: Years _____ Months **11** Days **25** If less than one day _____ hr. _____ min.

Immediate cause of death **Bronchopneumonia; Malnutrition.**
 Due to _____
 Due to _____
 Other conditions _____
(Include pregnancy within 3 months of death)

9. Birthplace **St. Louis Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation _____
 11. Industry or business _____

MOTHER FATHER
 { 12. Name **Wallace Mc Duffey**
 { 13. Birthplace **St. Louis Mo.**
(City, town, or county) (State or foreign country)
 { 14. Maiden name **Adele Fehrmann**
 { 15. Birthplace **St. Louis**
(City, town, or county) (State or foreign country)

Major findings:
 Of operations _____
 Of autopsy _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically

16. (a) Informant's own signature **Wallace McDuffy**
 (b) Address **1658 Tyrolean Ave.**

17. (a) **Burial** (b) Date thereof **6-19-39**
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **Calvary Cemetery**

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____
(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

18. (a) Signature of funeral director **Heinrich Fugenschauer**
 (b) Address **4228 S. Kingshighway Blvd.**

While at work? _____
(Specify type of place) (Specify means of injury)
 23. Signature **Alfred Perry** (M. D. or other) _____
 Address **Alfred Perry** Date signed **6/17/39**

19. (a) **JUN 17 1939** (b) **J.P. Bucher**
(Date received local registrar) (Registrar's signature)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Nov. 5-17-39

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 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 *Reinhold K. Lohmann*

Licensed Embalmer No. *3395*

P. O. Address.....

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.