

FILLED JUL 21 1941 791

10-3

Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
4125 Cleveland Avenue /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community About 75 years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
(c) City or town St. Louis 1717  
(If outside city or town limit write "RURAL")  
(d) Street No. 4125 Cleveland Avenue  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Catherine Fleming Durfee

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife George Durfee 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Don't Know  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
About 87 .hr. min.

9. Birthplace Kentucky  
(City, town, or county) (State or foreign country)

10. Usual occupation none

11. Industry or business none

12. Name James Fleming  
13. Birthplace Ireland  
(City, town, or county) (State or foreign country)  
14. Maiden name Don't know  
15. Birthplace Ireland  
(City, town, or county) (State or foreign country)

16. (a) Informant James Cody

(b) Address 4125 Cleveland Avenue

17. (a) Burial (b) Date thereof 6/11/41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Thomas J. Swanson

(b) Address 1519 South Grand Blvd.

19. (a) MM 9-11-41 (b) J. J. Prudeck  
(Date received local registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 8  
year 1941 hour 9 minute 8 M.

21. I hereby certify that I attended the deceased from 1939 19 to 6-4-41 19 and that death occurred on the date and hour stated above.

Immediate cause of death General Arterio Sclerosis

Due to Senility

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) MM

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

While at work (Specify type of place) (e) Means of injury 0

23. Signature J. J. Prudeck (M. D. or other) \_\_\_\_\_  
Address 607 N. Grand Date signed 6-9-41

Duration ?  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

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

**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

*John Ketter*

Licensed Embalmer No. *3880*

P. O. Address *St. Louis, Mo.*

**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.**