

No. 2
4-13-40
1-17-39
I 232159

STANDARD CERTIFICATE OF DEATH

State File No. **20063**
Registrar's No. **4875**

791

1003

Registration District No. _____ Primary Registration District No. _____

36
970
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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: **3636 Botanical Ave./**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **000**
(c) City or town **St. Louis,** **517**
(If outside city or town limits, write "RURAL")
(d) Street No. **5159 Raymond Ave.**
(If rural, give location)
(e) If foreign born, how long in U. S. A.? **1** years.

3. (a) PRINT FULL NAME **Elizabeth Duchek**

3. (b) If veteran, name war **no** 3. (c) Social Security No. **no**

4. Sex **Female** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Matt A. Duchek**
6. (c) Age of husband or wife if alive **45** years
7. Birth date of deceased **Abt. 1893**
(Month) (Day) (Year)

8. AGE: Years **Abt. 48** Months _____ Days _____
If less than one day _____ hr. _____ min.

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

10. Usual occupation **Housewife**

11. Industry or business _____

MOTHER FATHER { 12. Name **Landon Hinch**
13. Birthplace **Missouri ()**
(City, town, or county) (State or foreign country)
14. Maiden name **Mary Missen**
15. Birthplace **Missouri ()**
(City, town, or county) (State or foreign country)

16. (a) Informant **Matt A. Duchek**
(b) Address **3168 Pennsylvania Ave.**

17. (a) **Burial** (b) Date thereof **June 14 1941**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Chaffee Mrs**

18. (a) Signature of funeral director **W. B. Moyall**

(b) Address _____

19. (a) **JUN 12 1941** (b) **J. H. Reddy**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **11th**
year **1941** hour **1:45** minute _____ 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.

Immediate cause of death _____
Phosphorus Poisoning; self administered, at her home 3646 Botanical Ave., on or about June 11th, 1941, exact time unknown.
Due to _____
Due to _____

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

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

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **Suicide**

(b) Date of occurrence **June 11th, 1941**

(c) Where did injury occur? **St. Louis, Mo.**
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
In Home
(Specify type of place)

While at work? _____ (c) Means of injury _____

23. Signature **W. B. Moyall** (M. D. or other) _____
Address _____ Date signed **6/12/41**

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.....

Benj. C. Dunbar

Licensed Embalmer No.....

2272

P. O. Address.....

1946 Allen

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, fact should be so stated above.