

No. 2
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X28390

DEPARTMENT OF COMMERCE
BUREAU OF BUSINESS

MISSOURI STATE BOARD OF HEALTH

FILED OCT 18 1941

STANDARD CERTIFICATE OF DEATH

State File No. 30064

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 7403

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:
En Route to City Hospital #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community..... 3 (Specify whether years, months or days)

3. (a) PRINT FULL NAME George Duane

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, Married

6. (b) Name of husband or wife..... Lena Duane 6. (c) Age of husband or wife if alive..... 66 years

7. Birth date of deceased..... September 11 1872
(Month) (Day) (Year)

8. AGE: Years 69 Months 0 Days 1 If less than one day hr. min.

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

10. Usual occupation Retired Engineer

11. Industry or business New York Central Rail Road

MOTHER FATHER { 12. Name Michael Duane
13. Birthplace Massachusetts
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Lena Duane

(b) Address 1294 Charleston St Matoon Ill

17. (a) Removal (b) Date thereof Sept 13 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Peets Brothers Matoon Ill

18. (a) Signature of funeral director Peets 3029 Lafayette Ave

(b) Address 3029 Lafayette

19. (a) Oct 13 1941 (b) J. B. Beck
(Date received final report) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County.....
(c) City or town Matoon
(If outside city or town limits, write "RURAL")
(d) Street No. 1294 Charleston St
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country..... I

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12th day September
year 1941 hour 5:45 minute P. M.

21. I hereby certify that I attended the deceased from.....
....., 19..... to....., 19.....;

that I last saw h..... alive on....., 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Chronic Myocarditis
Chronic Interstitial Nephritis

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).....
(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.....

23. Signature Alfred Perry (M. D. or other) 3
Address Deputy Coroner Date signed 9/13/41

Curran

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.....

Frank J. Owens

Licensed Embalmer No. *7245*

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, fact should be so stated above.