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DEC 23 1941

State File No. _____

Registration District No. 784

Primary Registration District No. 117

Registrar's No. 2530

1. PLACE OF DEATH:

(a) County ST. LOUIS
(b) City or town WEBSTER GROVES
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
305 W. BIG BEND RD.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community 40 YRS (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ST. LOUIS
(c) City or town WEBSTER GROVES
(If outside city or town limits, write "RURAL")
(d) Street No. 305 WEST BIG BEND RD.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME: OTTO CARL DURBAN

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

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife CLARA E. DURBAN 6. (c) Age of husband or wife if alive 52 years
7. Birth date of deceased AUGUST 25 - 1883
(Month) (Day) (Year)

8. AGE: Years 58 Months 3 Days 17 If less than one day _____ hr. _____ min.

9. Birthplace ST. LOUIS MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation ARCHITECTURAL DRAFTSMAN

11. Industry or business _____

MOTHER FATHER { 12. Name JACOB DURBAN
13. Birthplace PEKIN ILLINOIS
(City, town, or county) (State or foreign country)
14. Maiden name JOSEPHINE SCHROEDER
15. Birthplace ST. LOUIS MISSOURI
(City, town, or county) (State or foreign country)

16. (a) Informant Clara E. Durban
(b) Address 305 WEST BIG BEND RD.

17. (a) BURIAL (b) Date thereof DEC-15-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation OAK HILL CEMETERY

18. (a) Signature of funeral director Barker and Co.
(b) Address WEBSTER GROVES MO.

19. (a) DEC 15 1941 (b) C. E. Durban
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December Day 12 year 1941 hour 10:30 minute A. M.

21. I hereby certify that I attended the deceased from Dec 10 1941 to Dec 12 1941 that I last saw him alive on Dec 11 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis Duration 4 1/2 mo.

Due to _____
Due to _____
Other conditions 93A
(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? _____

(Specify type of place) _____
While at work? _____ (e) Means of injury _____
23. Signature C. E. Barnett M.D. (M. D. or other) _____
Address Kirkwood, Mo. Date signed 12-13-41

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 Bob Aldrich

Licensed Embalmer No. 1392

P. O. Address Belts Grove

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.