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FILED FEB 24 1942

State File No.

Registration District No.

Primary Registration District No. 1003

Registrar's No. 107

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:
5343 Sutherland 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 Missouri (b) County.....
(c) City or town St. nLouis
(If outside city or town limits, write "RURAL")
(d) Street No. 5418 Itaska St.
(Specify location)
(e) No Attending Physician
Date of birth, how long in U.S.A. years.

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3. (a) PRINT FULL NAME John F. Dufner

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

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

6. (b) Name of husband or wife Pauline Dufner 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased Nov. 3, 1862
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
78 2 1 hr. min.

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

10. Usual occupation Retired Street Car Conductor

11. Industry or business.....

12. Name Xavier Dufner

13. Birthplace Don't Know
(City, town, or county) (State or foreign country)

14. Maiden name Don't Know

15. Birthplace Don't Know
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Alma Siemer

(b) Address 5418 Itaska St.

17. (a) Burial (b) Date thereof Jan. 7, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hermann Mo.

18. (a) Signature of funeral director Weick Bros. Und. Co.
(b) Address 2201 S. Grand Bl.

19. (a) JAN 5 1942 (b) J. F. Brodeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 4
year 1942 hour 9 minute 30 A.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.....
Coronary Sclerosis
Arterio Sclerosis
Due to.....
Due to.....

..... conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....
Of autopsy.....

Duration

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).....
Means of injury.....

23. Signature Thomas J. Callahan (M. D. or other).....
Address Deputy Coroner Date signed 1/7/42

