

FILED JUL 23 1942

Registration District No. 109

Primary Registration District No. 6000

1. PLACE OF DEATH:

(a) County St. Charles  
(b) City or town Wentzville, Mo.  
(c) Name of hospital or institution Rural Callaway  
(If outside city or town limits, write "RURAL" and name of township)  
(d) Length of stay: In hospital or institution Life  
In this community Life  
years, months or days

3. (a) PRINT FULL NAME Theodore William Duello

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Bertrude Duello 6. (c) Age of husband or wife if alive 56 years  
7. Birth date of deceased Feb 19 1887  
(Month) (Day) (Year)

8. AGE: Years 58 Months 3 Days 10 If less than one day hr. min.

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

10. Usual occupation Farmer

MOTHER FATHER

11. Industry or business  
12. Name Conrad Duello  
13. Birthplace Germany  
(City, town, or county) (State or foreign country)  
14. Maiden name Huff  
15. Birthplace Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant Bertrude Duello  
(b) Address Wentzville Mo Route 1

17. (a) Burial (b) Date thereof June 1 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wentzville

18. (a) Signature of funeral director Wentzville Mo.  
(b) Address Wentzville Mo.

19. (a) June 24 1942 (b) Chas. Rickman  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Charles  
(c) City or town Dardeners Mo Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. - (If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country -

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 29  
year 1942 hour 11:00 minutes - P. M.

21. I hereby certify that I attended the deceased from July 29  
1942 to May 28 1942  
that I last saw him alive on 5/28/42  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral apoplexy.

Due to -  
Due to -

Other conditions (Include pregnancy within 3 months of death) 301

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 -

23. Signature W. H. Murray (M. D. or other) M.D.  
Address Wentzville Date signed -

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 PE Plumer.....

Licensed Embalmer No. 2711.....

P. O. Address Wentzville 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.**