

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED OCT 6 1942

Registration District No. 780

Primary Registration District No. 200

Registrar's No. 2125

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Veterans Administration Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 Days
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5945a Theodosia Ave.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME WILLIAM F. DUVAL

3. (b) If veteran, name war Spanish-American 3. (c) Social Security No. 487-20-5561

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 28th
year 1942 hour 7 minute 28 A.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.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ola Duval 6. (c) Age of husband or wife if alive 66 years
7. Birth date of deceased September 2, 1871
(Month) (Day) (Year)

Immediate cause of death Committed suicide by jumping from 2nd floor window at Veteran's Hospital. Duration _____

8. AGE: Years 71 Months 0 Days 26 If less than one day _____ hr. _____ min.

Due to Hemothorax; Rupture of r. parietal pleura & l. lung;
Due to Fractured ribs; Contusions and lacerations.

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

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

10. Usual occupation Machinist
11. Industry or business retired.

Major findings: Of operations _____
Of autopsy Yes. 164x
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

MOTHER FATHER { 12. Name Caleb P. Duval.
13. Birthplace ? Maryland
(City, town, or county) (State or foreign country)
14. Maiden name Mary Hyde.
15. Birthplace Hyde, England
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ola Duval.
(b) Address 5945a Theodosia Ave.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Suicide.
(b) Date of occurrence Sept. 28, 1942

17. (a) Cremation (b) Date thereof 10-1-1942
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Crematory.

(c) Where did injury occur? Veteran's Hospital
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public place
(Specify type of place)

18. (a) Signature of funeral director Geo. L. Pleitsch Inc.
(b) Address 5966-68 Easton Ave.

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

19. (a) SEP 30 1942 (b) C. W. Mc
(Date received local registrar) (Registrar's signature)

23. Signature Louis H. Bopp (M. D. or other) D
Address Kirkwood, Mo. Date signed 9/29/42

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

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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 2454

David C. Gibson, Registered Apprentice No. Ben Hoffman
working under my personal supervision.

Signed David C. Gibson

Licensed Embalmer No. 2454

P. O. Address 596 Easton St. M

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.

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