

APR 19 1943

318

10030a

Registration District No.

Primary Registration District No.

State File No.

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis Mo  
(b) City or town St. Louis Mo  
(c) Name of hospital or institution: DePaul Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2 1/2 mo  
(Specify whether years, months or days) 2 1/2 mo

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 96  
(c) City or town Sherman (If outside city or town limits, write "RURAL") 0 N.B.  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? / (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Ernst R. Duff

3. (b) If veteran, name war No 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 Mae 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Dec 3 1906  
(Month) (Day) (Year)

8. AGE: Years 36 Months 4 Days 4 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Eureka Springs Ar K  
(City, town, or county) (State or foreign country)

10. Usual occupation Millinery Blocker

11. Industry or business John W. Duff

12. Name John W. Duff

13. Birthplace Detroit Mich  
(City, town, or county) (State or foreign country)

14. Maiden name Jessie Bish

15. Birthplace Delhi Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant Mae Duff

(b) Address Sherman Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-10-43  
(Month) (Day) (Year)

(c) Place: burial or cremation New St. Marys Cem

18. (a) Signature of funeral director G. G. Long

(b) Address Bourbon Mo

19. (a) APR 10 1943 (Date received local registrar) J. F. [Signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 7  
year 1943 hour 12 minute 45 P.M.

21. I hereby certify that I attended the deceased from Jan 4  
43 to April 7 1943  
that I last saw her alive on April 7 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Brain abscess  
multiple

Due to Central not known  
Frontal sinusitis

Due to \_\_\_\_\_

Other conditions 10/11  
(Include pregnancy within 3 months of death)

Major findings: Of operations as above

Of autopsy as above

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 Dr. Schumacher (M. D. or other) MD  
Address 4991 Sherman Date signed 4-9-43

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

MOTHER FATHER

**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 William J. Hiron

Licensed Embalmer No. 4319

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.**