V. S. No. 2
00M—2-43
Rev. 5-17-39

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 29880

FILED OCT 2 - 1943

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 8441

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town (If outside city or town limits, write "RURAL," and name of township)

(c) Name of hospital or institution: 5966 a Plymouth Avenue (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 100 17 5

(c) City or town St. Louis (If outside city or town limits, write "RURAL")

(d) Street No. 5966 a Plymouth Avenue. (If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME James Fleming Duffer

3. (b) If veteran, name war None

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 Sarah I. Duffer

6. (c) Age of husband or wife if alive 83 years

7. Birth date of deceased December 14, 1856 (Month) (Day) (Year)

8. AGE: Years 86 Months 9 Days 8 If less than one day hr. min.

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

10. Usual occupation Retired 1912

11. Industry or business

FATHER 12. Name James H. Duffer

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

MOTHER 14. Maiden name Lucinda

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

16. (a) Informant Walter R. Duffer

(b) Address 5966 a Plymouth Avenue.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 24, 1943 (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cemetery

18. (a) Signature of funeral director Shepard Funeral Home

(b) Address 1167 Hamilton Avenue.

19. (a) SEP 23 1943 (Date received local registrar) (b) J. H. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 23, 1943 year 1943 hour 8.00 minute A M.

21. I hereby certify that I attended the deceased from Aug, 1940, to Sept, 1943; that I last saw him alive on Sept 15, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death Angina Pectoris — Duration years

Due to Myocarditis Chr.

Due to 93

Other conditions None (Include pregnancy within 3 months of death)

Major findings: None

Of operations None

Of autopsy None

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 Kenneth O. Wilson (M. D.)

Address 634 N. Grand Date signed 9-23-43

(Licensed Embalmer's Statement on Reverse Side)

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 J. Allen Davis Jr

Licensed Embalmer No. 4053

P. O. Address City

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.