

SEP 21 1943

317

3066

2060

Registration District No. _____

Primary Registration District No. _____

Registrar's No. _____

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Kirkwood
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
409 E. Jefferson
(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

3. (a) PRINT FULL NAME Blaine Alphonsus Durbin

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

4. Sex Male 0 5. Color or race White 6. (a) Single, widowed, married, divorced Widower

6. (b) Name of husband or wife Alta Durbin 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Sept 10 1886
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>57</u>	<u>0</u>	<u>1</u>	_____ hr. _____ min.

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

10. Usual occupation Baker
11. Industry or business Restaurant

MOTHER FATHER
12. Name James Durbin
13. Birthplace Moberly Mo
(City, town, or county) (State or foreign country)
14. Maiden name Catharine Schneider
15. Birthplace Quincy
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Jos. Schneider
(b) Address 409 E. Jefferson, Kirkwood, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-14-43
(Month) (Day) (Year)
(c) Place: burial or cremation St Peters Cem.

18. (a) Signature of funeral director Louis H. Bopp, Inc.
(b) Address 131 W. Argonne Dr. Kirkwood, Mo.

19. (a) SEP 14 1943 (Date received local registrar) (b) E. G. McSavran, Jr. (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St Louis 096
(c) City or town Kirkwood 4
(If outside city or town limits, write "RURAL") 3
(d) Street No. 409 E. Jefferson
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____ 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 8 11
year 1943 hour 12 minute 45 P.M.

21. I hereby certify that I attended the deceased from Sept. 8 1943 to Sept. 11 1943
that I last saw him alive on Sept. 11 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis Duration _____

Due to _____
Due to _____

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

Major findings: Of operations gla PHYSICIAN _____
Of autopsy _____ 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) (e) Means of injury _____
23. Signature J. D. Stagle (M. D. or other) M.D.
Address 104 W. Adams, Kirkwood Date signed 9/13/43

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed Jahn M. Meyer
Licensed Embalmer No. 3288
P. O. Address Kirkwood, 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.