

FILED DEC 13 1943

Registration District No. 318

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution  
3651 Cote Brilliante Ave.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. 1 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3651 Cote Brilliante  
(If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country.

3. (a) PRINT FULL NAME Ralph Olin Durham

3. (b) If veteran, No 3. (c) Social Security name war No. None

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

6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive, years

7. Birth date of deceased May 12 1941 (Month) (Day) (Year)

8. AGE: Years 2 Months 6 Days 22 If less than one day hr. min.

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

10. Usual occupation Nil

11. Industry or business

12. Name Paul Durham

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

14. Maiden name Muriel Parks

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

16. (a) Informant Paul Durham

(b) Address 3651 Cote Brilliante Ave.

17. (a) Burial (b) Date thereof 12-6-43 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Marion, Illinois

18. (a) Signature of funeral director Cullinane Bros.

(b) Address 1710 N. Grand Blvd.

19. (a) DEC 5 1943 J. F. Bedeck (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 4 year 1943 hour 12 minute 30 p M.

21. I hereby certify that I attended the deceased from See 3rd 9 A.M., 1943, to 19; that I last saw him alive on See 3rd 9 A.M., 1943; and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial Pneumonia Duration 3 days

Due to Influenza infection

Due to

Other conditions (Include pregnancy within 3 months of death)

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 C. J. James (M. D. or other) Address 1816 N. Grand Date signed 12-4-43

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..... *Fred Frick*.....  
Licensed Embalmer No..... 3186.....  
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.**