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FILED APR 26 1944

State File No. _____

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 3635

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

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:
1136 1/2 Salmege Ave
(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 NANNIE KATHERINE DUISEN

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female race white

5. Color or white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Henry L. Duiosen

6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased Oct 9th 1879
(Month) (Day) (Year)

8. AGE: Years 64 Months 6 Days 9
If less than one day hr. min.

9. Birthplace Water Mo S D
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER

12. Name Ephram Huff

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

14. Maiden name Lina Hampton

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

16. (a) Informant James W. Lweeney

(b) Address 1136 1/2 Salmege Ave

17. (a) Serial (b) Date thereof 4-20-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Marcus Cemetery

18. (a) Signature of funeral director Frederick's Mortuary

(b) Address APR 20 1944
Highway Blvd

19. (a) _____ (b) _____
(Data received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis

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

(d) Street No. 1136 1/2 Salmege Ave
(If rural, give location)

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

If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 18th
year 1944 hour 9:15 minute A M.

21. I hereby certify that I attended the deceased from Feb 1 1944 to April 18 1944
that I last saw her alive on Apr 16 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of rectum & vagina

Due to Primary site - rectum

Other conditions 46

Major findings:
Of operations _____
Of autopsy _____

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury MD

23. Signature J. J. Duiosen (M. D. or other) MD
Address 1446 S. Grand Date signed 4/19/44

Mr. H. B. Depouy 4-8
1400 Do Grand

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 Richard W. Steveson

Licensed Embalmer No. 4007

P. O. Address.....

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.