

FILED NOV 1944
318

Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County.....
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Firmin Desloge Hosp. 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 hr. 18 min.
(Specify whether
In this community 4 hr. 18 min.
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. 3111 E Kimberly
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME: Sharon Viola Durham

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

4. Sex F 5. Color or race w 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 Oct. 22 1944
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
4 hr. 18 min.

9. Birthplace St. Louis Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation.....

11. Industry or business.....

MOTHER FATHER
12. Name Lloyd Enos Durham
13. Birthplace St. Louis Mo. 0
(City, town, or county) (State or foreign country)
14. Maiden name Marie Frances Long
15. Birthplace Ashburn Mo. 0
(City, town, or county) (State or foreign country)

16. (a) Informant Lloyd Enos Durham
(b) Address 3111 E Kimberly

17. (a) Burial (b) Date thereof Oct 25 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove & Clark Ave

18. (a) Signature of funeral director Chas. S. Ballmeyer
(b) Address St Charles

19. (a) OCT 23 1944 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 22
year 1944 hour 8 minute 50 P.M.
21. I hereby certify that I attended the deceased from Oct. 22, 1944
....., 1944, to same date, 1944;
that I last saw h. er alive on Oct. 22, 1944;
and that death occurred on the date and hour stated above.

Immediate cause of death Premature birth Duration

Due to.....
Due to.....
Other conditions.....
(Include pregnancy within 3 months of death)

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?
(Specify type of place) (e) Means of injury.....

23. Signature [Signature] (M. D. or other) M.D.
Address 1325 S. Grand, St. Louis, Mo. Date signed 10-23-44

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 *John E. Dalmeyer*
Licensed Embalmer No. *2957*
P. O. Address *West Charles 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.