

**FILED** JUL 20 1945  
318

Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

**100E**

**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: Ferman DeLoe Hospital  
(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 Alice J. Duffey  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Clarence A. Duffey 6. (c) Age of husband or wife if alive 58 years  
7. Birth date of deceased Mo. 10-1889  
(Month) (Day) (Year)

8. AGE: Years 56 Months 3 Days 27 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation at home

**11. Industry or business**

MOTHER FATHER  
12. Name George Thesis  
13. Birthplace St Louis Mo  
(City, town, or county) (State or foreign country)  
14. Maiden name Katherine Thesis  
15. Birthplace St Louis Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Clarence A. Duffey

(b) Address R.R.#1 Valley Park Mo

17. (a) Burial (b) Date thereof 7-11-45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St Louis Cem

18. (a) Signature of funeral director Louis R. Bopp

(b) Address St Louis Mo

19. (a) JUL 11 1945 J. F. Brasch  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County St Louis  
(c) City or town Valley Park, Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. R.R.#1 (If rural, give location) N.R.  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month July day 7  
year 1945 hour 10 minute 30 A.M.

21. I hereby certify that I attended the deceased from 8/31/44, 19\_\_\_\_, to 7/7/45, 19\_\_\_\_;  
that I last saw her alive on 7/7/45, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia Duration \_\_\_\_\_

Due to Congestive Heart Failure 2 yrs.

Due to Valvular Stenosis

Other conditions Diabetes  
(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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature Frank Huck (M. D. or other) Med.  
Address Fenton, Mo. Date signed 7/9/45

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

Rev. 5-17-39 I 110311

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

6109

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.....

*Sam M. Simon*

Licensed Embalmer No. *4343*

P. O. Address.....

*7415 Zephyr Pl.  
Mogulwood 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, above space should be left blank.