

No. 2  
DM-543  
v. 5-17-39  
I X36871

FILED DEC 2 1946  
318  
Registration District No.

Primary Registration District No. **1003**

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis

(c) Name of hospital or institution: Protonounced dead  
McQuay Morris Co. at City Hosp.

(d) Length of stay: In hospital or institution 3 (Specify whether  
In this community 40 years (Specify whether  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 96

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

(d) Street No. 5302 Janet Ave. (If rural, give location) NRO

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

If yes, name country

3. (a) PRINT FULL NAME Mr. Peter Duriavig

3. (b) If veteran, name war none

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 19th  
year 1946 hour 12 minute 15 M.

4. Sex male

5. Color white

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

6. (b) Name of husband or wife Mary Duriavig

6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased June 28 1891  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw h\_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
<u>55</u>	<u>4</u>	<u>21</u>		hr. min.

Immediate cause of death

Coronary Occlusion

Due to Coronary Sclerosis

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

9. Birthplace Italy 5  
(City, town, or county) (State or foreign country)

10. Usual occupation Moulder

11. Industry or business McQuay Morris

12. Name Anthony Duriavig

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

14. Maiden name Rosa Bledig

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

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

16. (a) Informant Mrs. Mary Duriavig

(b) Address 5302 Janet Ave.

17. (a) Burial (b) Date thereof 11-22-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cem.

18. (a) Signature of funeral director Hy. Leidner U. Co.

(b) Address 2223 St. Louis Ave.

19. (a) NOV 20 1946 (Date received local registrar)  
J. F. Brednek (Registrar's signature)

23. Signature John E. Taylor (M. D. or other) 3

Address St. Louis Date signed 11/20/46

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

37373

---

**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 P. Buchholz*

Licensed Embalmer No. *1674*

P. O. Address. *2223 St. Louis Ave*

**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.**