

S. No. 2
—12-45
5-17-39
PI X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2427

State File No. _____

FILED FEB 3 1947 318

Registration District No. _____ Primary Registration District No. 1003 Registrar's No. 663

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:
St. Louis City 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

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. 107 North 18th St.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Joseph L. Duran
3. (b) If veteran, name war World War I
3. (c) Social Security No. 384-07-0156

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan. day 19
year 1947 hour 3 minute 43 AM
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.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife Pearl Marie Ryder
6. (c) Age of husband or wife if alive 47 years
7. Birth date of deceased October 30 1894
(Month) (Day)

Immediate cause of death _____
Due to Lobar Pneumonia
Corrosion of Liver
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day
52 2 19 hr. _____ min. _____

Duration
Due to _____
Due to _____
Major findings:
Of operations _____
Of autopsy _____
Underline the cause to which death should be charged statistically.

9. Birthplace Trinidad Colorado
(City, town, or county) (State or foreign country)
10. Usual occupation Civil Engineer

11. Industry or business _____
12. Name Tobias Duran
13. Birthplace Taos New Mexico
(City, town, or county) (State or foreign country)
14. Maiden name Mary F. Lonteen
15. Birthplace Engleville Colorado
(City, town, or county) (State or foreign country)

16. (a) Informant Margaret Cox
(b) Address 6248 Harper Ave., Chicago, Ill.
17. (a) Burial (b) Date thereof 1-21-47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

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 _____

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.
19. (a) 1-20-47 (b) J. J. Medlock
(Date received local registrar) (Registrar's signature)

23. Signature Patrick E. Skyles (M.D. or Other) _____
Address Dep. Colonel Date signed 1/20/47

(Licensed Embalmer's Statement on Reverse Side)

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..... *J. Allen Davis Jr*
Licensed Embalmer No..... *4053*

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.