

S. No. 2
M-12-45
v. 5-17-39
X47070

FILED MAR 21 1947
Registration District No. **277**

Primary Registration District No. **306F**

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

1. PLACE OF DEATH:
 (a) County **St. Louis**
 (b) City or town **Richmond Heights, Missouri**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St. Mary's Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **Donald Durbin**
 3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **White** 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 **March 4 1947**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
0 0 13 hr. min.

9. Birthplace: **Richmond Heights Missouri**
(City, town, or county) (State or foreign country)
Infant

11. Industry or business: _____
12. Name: **Joseph H. Durbin**
13. Birthplace: **St. Louis Missouri**
(City, town, or county) (State or foreign country)
14. Maiden name: **Margaret Muschany**
15. Birthplace: **St. Charles County Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant: **Joseph H. Durbin**
(b) Address: **1436 Amherst Terrace,**
17. (a) Burial **(b) Date thereof:** **3/18/47**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation: **Memorial Park Cemetery**

18. (a) Signature of funeral director: **Albert H. Hoppe**
(b) Address: **4700 Washington Blvd.**
19. (a) 3-20-47 **(b) Ruth G. Allen M.D.**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **000**
 (c) City or town **St. Louis** **17**
(If outside city or town limits, write "RURAL")
(d) Street No. 1436 Amherst Terrace
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **March** day **17**
 year **1947** hour **10** minute **20P** A.M.
21. I hereby certify that I attended the deceased from 3-6
to 3-17, 1947
 that I last saw him **alive** on **3-17, 1947**
 and that death occurred on the date and hour stated above.

Immediate cause of death _____
Acute respiratory failure
 Due to **acidosis 11-9-47**
newborn diarrhea
 Other conditions _____
(Include pregnancy within 3 months of death)

PHYSICIAN
 Major findings:
 Of operations _____
 Of autopsy **terminal pneumonia**
 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) (2) Means of injury
23. Signature: **John H. Durbin** (M. D. or other) _____
Address: **634 W. Grand** Date signed **3-18-47**

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..... **NO. EMBALM**

Licensed Embalmer No.....

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.