

Registration District No. **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:  
Little Sisters of the Poor, 3400 So. Grand  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2 Years,  
(Specify whether  
In this community.....  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County 020  
(c) City or town St. Louis, 17  
(If outside city or town limits, write "RURAL")  
(d) Street No. Home for the Aged, 3400 So. Grand., 8  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME John Durnin,

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

4. Sex Male, 1 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 July 30, 1872  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
75 -0- 10 hr. min.

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

10. Usual occupation Chauffeur,

11. Industry or business Retired 2 years,

12. Name James Durnin, 9

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

14. Maiden name Ann Sharkey,

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

16. (a) Informant Sister Ste. Ludivine,

(b) Address 3400 So. Grand. Blvd.,

17. (a) Burial, (b) Date thereof 8/12/47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation SS. Peter & Paul Cem.

18. (a) Signature of funeral director Gebken-Benz Mortuary,

(b) Address 2842 Meramec St.,

19. (a) AUG 1 11 1947 J. F. Bredack  
(Date) (Signature)  
AUG 11 1947 (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 10th  
year 1947 hour 8:15 minute P. M.

21. I hereby certify that I attended the deceased from July 4  
..... 19 47 to Aug 10 19 47;

that I last saw him alive on 8-10 19 47  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Gen. Arteriosclerosis  
Arterioscl. H. Dis.

Duration  
yr.  
yr.

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) none

(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 0

23. Signature P. A. Meyers (M. D. or other)

Address 539 N. Broad Date signed 7/10/47

*Embalmer separate Cert filed*

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.....

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.**