No. 2
—1/47
5-17-39

WHITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED FEB 20 1948

Registration District No.

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 6311

Registrar's No. 1122

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: Lemay 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 Madison 62
(c) City or town Fredericktown 0
(If outside city or town limits, write "RURAL") 0
(d) Street No. R#1 (If rural, give location) 1
NR
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME George V. Duren
3. (b) If veteran, name war ✓
3. (c) Social Security No.

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 Nov. 4, 1928 (Month) (Day) (Year)

8. AGE: Years 19 | Months ✓ | Days ✓ | If less than one day hr. min.

9. Birthplace Bonne Terre, Mo. (City, town, or county) (State or foreign country)
10. Usual occupation Driller
11. Industry or business Diamond Drill - Lead Co.
FATHER
12. Name Ralph Duren
13. Birthplace Bonne Terre, Mo. (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Viola Mahesy
15. Birthplace Mine LA Motte, Mo. (City, town, or county) (State or foreign country)
16. (a) Informant Ralph Duren
(b) Address Fredericktown, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 6, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Crystal City, Mo
18. (a) Signature of funeral director Justin R. Polcate
(b) Address Crystal City, Mo.
19. (a) FEB 3 1948 (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 2 year 1948 hour 12 minute 22 P. M.
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.

Duration

Immediate cause of death Carbon Monoxide Poisoning when found in a parked truck motor left running & defective manifold leaks around 12:22 P.M. Feb. 2nd 1948 in
Due to found of about 1509 Missouri
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations N/A
Of autopsy N/A

PHYSICIAN
Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident
(b) Date of occurrence 2/2/1948
(c) Where did injury occur? St Louis (City or town) (County) (State)
(d) Did injury occur in or about home or farm, in industrial place, in public place? Car (Specify type of place)
While at work? (e) Means of injury Carbon
23. Signature Edward E. Smith (M. D. or other)
Address Ellisville Date signed 2/3/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

S.

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 Gentry R. Pollitte

Licensed Embalmer No. 3481

P. O. Address Crystal City, 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, fact should be so stated above.