S. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 14034

FILED APR 23 1948

Registration District No. 818

Primary Registration District No. 1005

Registrar's No. 3585

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: 4951 Itaska Ave. /
(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)
In this community Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Ood
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 4951 Itaska Ave. 9
(If rural, give location)
(e) Citizen of foreign country? Mo (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME WILLIAM HENRY DUIS
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 Married
6. (b) Name of husband or wife Helen Duis
6. (c) Age of husband or wife if alive 67 years
7. Birth date of deceased September (Month) 1 (Day) 1876 (Year)

8. AGE: Years 71 Months 7 Days 11 If less than one day hr. min.

9. Birthplace Dorsey (City, town, or county) Illinois (State or foreign country)
10. Usual occupation Retired
11. Industry or business Moulder
12. FATHER Name Faulker Duis
13. Birthplace (City, town, or county) Germany (State or foreign country)
14. MOTHER Maiden name Minnie Zimmerman
15. Birthplace (City, town, or county) Illinois (State or foreign country)
16. (a) Informant Mrs. Helen Duis
(b) Address 4951 Itaska Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 15 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Lakewood Park Cemetery
18. (a) Signature of funeral director C. Hoffmeister Colonial Mortuary
(b) Address 6464 Chippewa St.
19. (a) APR 14 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 12 year 1948 hour 1 minute 40 P.M.

21. I hereby certify that I attended the deceased from 4-2 1947 to 4-12 1948 that I last saw him alive on 3-30 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Silico-Tuberculosis	2 years?
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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)
(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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Paul Murphy (M. D.)
Address 539 N Grand St Louis 3 Mo Date signed 4-13-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

Dr. Paul Murphy
Humboldt Bldg.
549 No. Grand

STATEMENT LICENSED EMBALMER

I hereby certify that the body whose name is recorded reverse side of this certificate was embalmed by me, or by ..... Registered Apprentice No. ....., working under my personal supervision.

Signed Harry J. Schumacher

Licensed Embalmer No. 2679

P. O. Address 7514 S. Broadway

Note: The above MUST BE SIGNED BY THE LICED 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