

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 24243
Registrar's No. 6272

FILED JUL 22 1948

Registration District No. 318

Primary Registration District No. 10003

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: Josephine Heitkamp Mem Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Life (Specify whether
In this community Life years, months or days)

3. (a) PRINT FULL NAME Brenda H. Durham
3. (b) If veteran, name war - 3. (c) Social Security No. -

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced S
6. (b) Name of husband or wife - 6. (c) Age of husband or wife if alive - years
7. Birth date of deceased July - 12 - 1948
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
- - - 22 hr. 45 min.

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

10. Usual occupation Infant

11. Industry or business.....
12. Name Thomas Durham
13. Birthplace Diedmont, Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Narrisset Bulthouse
15. Birthplace Rockford, Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Thomas Durham
(b) Address 2235 Oregon Avenue

17. (a) Burial (b) Date thereof 7-14-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Matthews Cem.

18. (a) Signature of funeral director A W M S Langhlin
(b) Address 2301 Lafayette Ave

19. (a) JUL 24 1948 (b) J. F. Bruders
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2235 Oregon Avenue
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 12
year 1948 hour - minute 11 a.m.
21. I hereby certify that I attended the deceased from July 12, 1948, to July 13, 1948
that I last saw her alive on 7-13-48 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 1 da.
Due to cause unknown

Due to.....
Other conditions (Include pregnancy within 3 months of death) 160C

Major findings:
Of operations none
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).....
(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 ↑
23. Signature J. J. Swickersky (M. D. or other) MD
Address 712 W. S. Jefferson St. Date signed 7-14-48

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..... *C W Cooper*

Licensed Embalmer No. *381310*

P. O. Address *2301 Lafayette*

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.