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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED OCT 30 1948
Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

34088
State File No. _____
Registrar's No. 9053

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Homer G. Phillips Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 26 hours (Specify whether
In this community 60 years years, months or days)

3. (a) PRINT FULL NAME Charles Durbeny

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male 2 5. Color or race col

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Lizzie Durbeny

6. (c) Age of husband or wife if alive -- years

7. Birth date of deceased November 21st 1867
(Month) (Day) (Year)

8. AGE: Years 80 Months 10 Days 24 If less than one day
hr. min.

9. Birthplace: Danville Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Jobber

11. Industry or business Laborer

12. Name Bradford Durbeny

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

14. Maiden name Ellen Dewey

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

16. (a) Informant Dempson Durbeny

(b) Address 2932 Madison

17. (a) Burial (b) Date thereof 10/20/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park Cem

18. (a) Signature of funeral director Osella S. White

(b) Address 2616 N. Harrison

19. (a) OCT 19 1948 (b) J. B. Foster
(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. 2932 Madison
20 (If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)
If yes, name country U.S.A.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 15
year 1948 hour 9 minute 45 p. m.

21. I hereby certify that I attended the deceased from
Oct. 14 19 48 to Oct. 15 19 48
that I last saw h. im alive on October 15 19 48
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchogenic Carcinoma

Due to _____

Due to _____

Other conditions None
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy No

Duration Undet.

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 _____

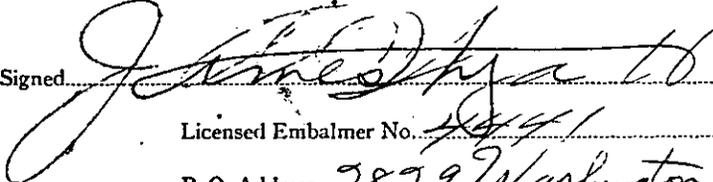
23. Signature Osella S. White (M. D. or other) _____
Address 2601 N. Whittier Date signed 10/18/48

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. 4441

P. O. Address 2829 Washington

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.