

P. 300
10-47
17-39
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FILED OCT 23 1948
Registration District No. 377

Primary Registration District No. 2030

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

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Webster Groves, Mo. 19
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
693 W. Lockwood Ave.,
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community Two years _____ (Specify whether
years, months or days)

3. (a) PRINT FULL NAME FRED TAYTON DURRANT

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex male 5. Color or race White
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Edith Pearson Durrant
6. (c) Age of husband or wife if alive decd 2 years
7. Birth date of deceased July 20 1867
(Month) (Day) (Year)

8. AGE: Years 81 Months 2 Days 18
If less than one day _____ hr. _____ min.

9. Birthplace Unknown England 4
(City, town, or county) (State or foreign country)

10. Usual occupation Salesman

11. Industry or business _____

MOTHER FATHER { 12. Name Frederick Durrant
13. Birthplace Unknown England 4
(City, town, or county) (State or foreign country)
14. Maiden name Eliza Tayton
15. Birthplace Unknown England 4
(City, town, or county) (State or foreign country)

16. (a) Informant Katharine Durrant Schoney
(b) Address 693 W. Lockwood Ave.

17. (a) Burial (b) Date thereof 10 11 '48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cem., K.C. Mo.

18. (a) Signature of funeral director Mittelberg Fun'l Home
(b) Address Webster Groves, Mo.

19. (a) 10-9-48 (b) Carl O. Shaw, M.D.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96
(c) City or town Webster Groves, Mo. 19 7
(If outside city or town limits, write "RURAL")
(d) Street No. 693 W. Lockwood Ave. 4
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No) 0
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 8
year 1948 hour 2 minute 15 p.m.

21. I hereby certify that I attended the deceased from June 11 - 1948
_____ 19____, to Oct 8 - 1948
I last saw him alive on Sept 27 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Cervical Occlusion Duration 1 day
Due to Carcinoma of prostate, spec
Due to _____
Other conditions _____ (Include pregnancy within 3 months of death)
518

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) _____
(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 H. B. ... (M. D. or other) 0
Address 19 E. Lockwood Ave. Date signed 10/9/48

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

J. Allen Davis Jr.

Licensed Embalmer No. *4053*

P. O. Address *St. Louis 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.