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FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JAN 21 1949
Registration District No. 3797

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3064

State File No. 42779

Registrar's No. 2978

1. PLACE OF DEATH:

(a) County St Louis

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

(c) Name of hospital or institution:
109 Powell
(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 St Louis

(c) City or town Ferguson
(If outside city or town limits, write "RURAL")

(d) Street No. 109 Powell
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country ____

3. (a) PRINT FULL NAME Lena A. Duvall

3. (b) If veteran, name war ____

3. (c) Social Security No. ____

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife late William J. Duvall

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

7. Birth date of deceased April (Month) 18 (Day) 1872 (Year)

8. AGE: Years	Months	Days	If less than one day
76	8	9	____ hr. ____ min.

9. Birthplace Perryville Mo (City, town, or county) ____ (State or foreign country)

10. Usual occupation Unemployed

11. Industry or business ____

FATHER
12. Name JohnHoff
13. Birthplace ____ (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Elizabeth Dippled
15. Birthplace ____ (City, town, or county) Germany (State or foreign country)

16. (a) Informant Oliver Maleri
(b) Address 109 Powell Ferguson Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 29 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Calvin F. Feutz
(b) Address 4828 Nat Bridge Blvd

19. (a) 12-28-48 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 27 year 1948 hour 12. minute 10 A. M.

21. I hereby certify that I attended the deceased from 9-28, 1948, to Dec 27, 1948, that I last saw her alive on Dec 26, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary Thrombosis	3 hrs
Due to	
Due to	

Other conditions (Include pregnancy within 3 months of death) Carcinoma of fundus of uterus with generalized metastasis

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

23. Signature Bernard McKenna (M. D. or other) MD
Address 3701 Grandel Sq Date signed 12-27-48

(Licensed Embalmer's Statement on Reverse Side)

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

12-3 P.M.
Monday

210 Arrow Tuesday

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 Ralph C. Linders

Licensed Embalmer No. 4275

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.