

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED APR 1 1949

 BIRTH NO. _____ REG. DIST. NO. 309 PRIMARY REG. DIST. NO. 4450 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>St. Charles</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence ^{before} admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Charles</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Portage des Sioux</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Portage des Sioux</u>	
c. LENGTH OF STAY (in this place) <u>Life time</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>August</u> b. (Middle) <u>JEROME</u> c. (Last) <u>DUVALL</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 22 1949</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>June 24 1871</u>
9. AGE (In years last birthday) <u>77</u>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 2 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Storekeeper</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>retired</u>	11. BIRTHPLACE (State or foreign country) <u>Portage des Sioux, Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>John Duvall</u>		13b. MOTHER'S MAIDEN NAME <u>Antoinette LeSieur</u>	14. NAME OF HUSBAND OR WIFE <u>Catherine (Wunsch) Duvall</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>		16. SOCIAL SECURITY NO. <u>NIL</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Derrill Rehm-Portage des Sioux</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Influenza</u> DUE TO (c) <u>Arterio Sclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4500</u>	
INTERVAL BETWEEN ONSET AND DEATH <u>1 Hour</u> <u>7. day.</u> <u>20 years</u>			
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from <u>3/15</u> , 1949, to <u>3/22</u> , 1949, that I last saw the deceased alive on <u>3/22</u> , 1949, and that death occurred at <u>4. a. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>C. A. Barnard, M.D.</u>		23b. ADDRESS <u>St. Charles Mo</u>	23c. DATE SIGNED <u>3/22/49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>March 25-1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Francis Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Portage des Sioux, Mo.</u>
DATE REC'D BY LOCAL REG. <u>Mar, 25-1949</u>	REGISTRAR'S SIGNATURE <u>H. C. Dillmeyer</u> <u>366</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>H. C. Dillmeyer & Sons, Co</u> <u>800 N. 2nd--St. Charles, Missouri</u>	

APR 18 1949

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Joseph F Landolt
Licensed Embalmer No. 4189

P. O. Address St Charles 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.