

FILED JAN 21 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2440

State File No.

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 23

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Saint Louis, Missouri		a. STATE Missouri	
c. LENGTH OF STAY (in this place) <u>16 HOURS</u>		b. COUNTY St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION De Paul Hospital		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ferguson, Missouri	
		d. STREET ADDRESS (If rural, give location) N/R 245 S. Hartnett St.	

3. NAME OF DECEASED (Type or Print)	a. (First) Kenneth	b. (Middle) J.	c. (Last) Duvall	4. DATE OF DEATH (Month) (Day) (Year) Jan. 3rd, 1950
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 9th, 1907	9. AGE (In years last birthday) 42	IF UNDER 1 YEAR Months 2 Days 24	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman	10b. KIND OF BUSINESS OR INDUSTRY Graham Paper Co.	11. BIRTHPLACE (State or foreign country) Portage Des Sioux, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME August J. Duvall	13b. MOTHER'S MAIDEN NAME Catherine Wunach	14. NAME OF HUSBAND OR WIFE Marie Duvall nee Huntebrinker
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Marie C. Duvall, 245 S. Hartnett, Ferguson	ADDRESS
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>17 hrs.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Apoplexy</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>87</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>334X</u>
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22. I hereby certify that I attended the deceased from 1/2, 1950, to 1/3, 1950, that I last saw the deceased alive on 1/3, 1950, and that death occurred at 12:10 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Charles W. ... M.D.</u>	(Degree or title)	23b. ADDRESS <u>3911 Secare St. Louis</u>	23c. DATE SIGNED <u>1/4/50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE <u>1/6/50</u>	24c. NAME OF CEMETERY OR CREMATORY Saint Johns Cemetery	24d. LOCATION (City, town, or county) (State) Saint Charles, Missouri
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DATE REC'D BY LOCAL REG. JAN 5 1950	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE Calvin F. Feutz, 4828 Natural Bridge Blvd.	ADDRESS
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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

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.