

FILED OCT 21 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **34754**  
Registrar's No. **8607**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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

1. PLACE OF DEATH a. COUNTY <b>5800-Arsenal St.</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>2119</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis, Mo.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis MO.</b>	
c. LENGTH OF STAY (in this place) <b>1y. 9m., 19d.</b>		d. STREET ADDRESS (If rural, give location) <b>4458 Kennerly Ave.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Louis City Infirmary</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Earl</b>	b. (Middle) <b>Elmer</b>	c. (Last) <b>Durbney</b>	4. DATE OF DEATH (Month) (Day) (Year)
				<b>Oct. 9 1950</b>

5. SEX <b>Male</b>	6. COLOR OR RACE <b>Cauc</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>July 15<sup>th</sup> 1884</b>	9. AGE (In years last birthday) <b>64</b>	Months <b>2</b>	Days <b>28</b>	10. IF UNDER 1 YEAR Hours <b>1</b> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>St. Louis Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Charles Durbney</b>	13b. MOTHER'S MAIDEN NAME <b>Lizzie ?</b>	14. NAME OF HUSBAND OR WIFE <b>Conetta Durbney</b>
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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) <b>No</b>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <b>Clydron Durbney</b>	ADDRESS <b>4458 Kennerly</b>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>1. Cerebral Vascular Episode</b>		INTERVAL BETWEEN ONSET AND DEATH <b>7 Days</b>
	ANTECEDENT CAUSES DUE TO (b) <b>2. Hypertensive Cardio-Vascular</b>		
	DUE TO (c) <b>Disease with hepatic syndrome</b>		
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>			<b>1948+</b>

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)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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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? <b>443A</b>
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22. I hereby certify that I attended the deceased from **Jan. 20, 1849**, to **Oct. 9, 1950**, that I last saw the deceased alive on **Oct. 9, 1950**, and that death occurred at **9:45 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Palmer Duane Bowditch M.D.</b>	(Degree or title)	23b. ADDRESS <b>5800 Arsenal Street</b>	23c. DATE SIGNED <b>10/10/50</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Buried</b>	24b. DATE <b>10-13-50</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Washington Park</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis Mo</b>
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DATE REC'D BY LOCAL REG. <b>OCT 12 1950</b>	REGISTRAR'S SIGNATURE <b>J. Blaster</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>W. L. Beal</b>	ADDRESS <b>UndCo. 2726 Lucas Ave.</b>
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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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed Leroy W. Bannister

Signed.....  
Student Embalmer

Licensed Embalmer No. 4523

P. O. Address 3880 Easton W

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.