S. No. 300
v. 10-48

FILED APR 9 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10036

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1002 Registrar's No. 2757

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

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): DePaul Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis 2199
d. STREET ADDRESS (If rural, give location): 4398 Olive Street

3. NAME OF DECEASED (Type or Print)
a. (First): Chester
b. (Middle):
c. (Last): Duarard

4. DATE OF DEATH (Month) 3 (Day) 23 (Year) 51

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: March 24, 1903
9. AGE (In years last birthday): 47 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Engineer
10b. KIND OF BUSINESS OR INDUSTRY: Hotel
11. BIRTHPLACE (State or foreign country): Polk County, Illinois
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Ed Duarard
13b. MOTHER'S MAIDEN NAME: Addie McGrew
14. NAME OF HUSBAND OR WIFE: Hattie Duarard

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: 405-18-4856
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Hattie Duarard, 4398 Olive Street

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): Pulmonary Edema — INTERVAL BETWEEN ONSET AND DEATH: 24 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Myocardial Degeneration
DUE TO (c): Fatty degeneration

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Duodenal diverticulosis — Indefinite

19a. DATE OF OPERATION: Mar 21 1950
19b. MAJOR FINDINGS OF OPERATION: Duodenal diverticuli
20. AUTOPSY? YES ☑ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? 4220

22. *I hereby certify that I attended the deceased from* Mar 12, 1951, *to* Mar 23, 1950, *that I last saw the deceased alive on* Mar 22, 1950, *and that death occurred at* 6:25 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Delevan Calkins M.D.
23b. ADDRESS: 2301 N. Kingshighway
23c. DATE SIGNED: 3/23/51

24a. BURIAL, CREMATION, REMOVAL (Specify): removal
24b. DATE: 3-24-51
24c. NAME OF CEMETERY OR CREMATORY: Mud Springs Cemetery
24d. LOCATION (City, town, or county) (State): Paducah, Ky.

DATE REC'D BY LOCAL REG.: MAR 24 1951
REGISTRAR'S SIGNATURE: J. B. Carter
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Albert H. Hoppe 4700 Washington

(Licensed Embalmer's Statement on Reverse Side)

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 J. W. M. Dunbaley

Licensed Embalmer No. 3657

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.