

FILED APR 15 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

7930

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 116 PRIMARY REG. DIST. NO. 3020 Registrar's No. 52

1. PLACE OF DEATH a. COUNTY <u>Franklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>MO</u> b. COUNTY <u>Franklin</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Washington MO - 2 weeks</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural, Boone 0360</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>Gerald R#R</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Francis Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>George</u> b. (Middle) <u>Jr</u> c. (Last) <u>Duerr</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Apr. 6 1952</u>
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5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>Jan 30 - 1883</u>	9. AGE (In years last birthday) <u>69</u>	IF UNDER 1 YEAR Months   Days <u>2   6</u>	IF UNDER 10 HRS. Hours   Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Gerald MO. R#R</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Fritz Duerr</u>	13b. MOTHER'S MAIDEN NAME <u>Louisa Fechtler</u>	14. NAME OF HUSBAND OR WIFE
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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) <u>No</u>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Gilbert Duerr</u>	ADDRESS <u>4362 AW Papum St Louis MO</u>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of transverse Colon</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>unknown</u>		
	DUE TO (c) <u>153X</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Uremia Resulting from Complication</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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?
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22. I hereby certify that I attended the deceased from 3 - 5, 1952, to 4 - 6, 1952, that I last saw the deceased alive on 4 - 5, 1952, and that death occurred at 10 AM., from the causes and on the date stated above.

23a. SIGNATURE <u>Chas A Schmitt M.D.</u>	(Degree or title)	23b. ADDRESS <u>Gerald</u>	23c. DATE SIGNED <u>4-7-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>Apr 9 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Leslie M E</u>	24d. LOCATION (City, town, or county) (State) <u>Leslie MO</u>
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DATE REC'D BY LOCAL REG. <u>April 7 1952</u>	REGISTRAR'S SIGNATURE <u>L. H. Hudmann</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>E. H. Demme</u>	ADDRESS <u>Beaufort MO</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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

*E. H. Jenne*

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed *E. H. Jenne*

Licensed Embalmer No. *3076*

P. O. Address *Beaufort 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.