

FILED

JUL 2 - 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23099

State File No.

No. 300
10-48

XC1647038

REG #99333

BIRTH NO.

REG. DIST. NO. 317

PRIMARY REG. DIST. NO. 500

Registrar's No. 1570

4000

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

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY ST. LOUIS	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JEFFERSON BARRACKS		c. LENGTH OF STAY (In this place) 153 DAYS	
d. FULL NAME OF HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSP		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS 2269	
		d. STREET ADDRESS (If rural, give location) 2411 N. BROADWAY	
3. NAME OF DECEASED (Type or Print) a. (First) JOHN		b. (Middle) T.	
		c. (Last) DURHAM	
4. DATE OF DEATH (Month) (Day) (Year) 6-13-52			
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) DIVORCED	8. DATE OF BIRTH March 12, 1895
9. AGE (In years; last birthday) 57		10. KIND OF BUSINESS OR INDUSTRY GULF CLUB	11. BIRTHPLACE (City and State or Foreign Country) WATER VALLEY, KY.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEMAN		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME JOHN ALLEN DURHAM		13b. MOTHER'S MAIDEN NAME BECKY HAZEL	
		14. NAME OF HUSBAND OR WIFE NONE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW I		16. SOCIAL SECURITY NO. UNKNOWN	
		17. INFORMANT'S SIGNATURE OR NAME VA HOSPITAL RECORDS, JEFF. BRKS. MO. ADDRESS	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) PULMONARY CONGESTION ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) PULMONARY FIBROSIS DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
		INTERVAL BETWEEN ONSET AND DEATH 1 week 8 months	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 525X		20. AUTOPSY? YES <input 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) VA	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 1-12-52 , 19 52 , to 6-13-52 , 19 52 , and that death occurred at 6:35 A.m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) John J. Trzaskas MD.		23b. ADDRESS VAH, JEFFERSON BARRACKS, MO.	
		23c. DATE SIGNED 6-13-52	
24a. FUNERAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 6/16/52	24c. NAME OF CEMETERY OR CREMATORY FRIEDENS Cemetery	24d. LOCATION (City, town, or county) (State) ST. LOUIS, MO.
DATE REC'D BY LOCAL REG. 6-14-52	REGISTRAR'S SIGNATURE Herbert R. Donke MD	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS SUEDMEYER & SONS, 3934 N. 20th, St. Louis, Mo.	

(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 Gustav W. Dittler

Licensed Embalmer No. 4329

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.