

FILED JAN 28 1953

STANDARD CERTIFICATE OF DEATH

State File No. 1003

318

1003

0293

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____ Registrar's No. _____

1. PLACE OF DEATH
a. COUNTY _____

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY _____

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo. c. LENGTH OF STAY (In this place) _____

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis _____

d. FULL NAME OF HOSPITAL OR INSTITUTION 221 S. Broadway

d. STREET ADDRESS (If rural, give location) 25 221 S. Broadway

3. NAME OF DECEASED (Type or Print)
a. (First) Daniel b. (Middle) F. c. (Last) Duffy

4. DATE OF DEATH (Month) (Day) (Year) 1 / 18 / 53

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED. (Specify) Never Married

8. DATE OF BIRTH 9/25/07

9. AGE (In years last birthday) 45 If under 1 year: Months _____ Days _____ If under 1 hrs. Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Trucker

10b. KIND OF BUSINESS OR INDUSTRY Arthur Morgan

11. BIRTHPLACE (City and State or Foreign Country) Cincinnati Ohio

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Steve Duffy

13b. MOTHER'S MAIDEN NAME Tehan

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) No

16. SOCIAL SECURITY NO. _____

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Catherine Fiebig 1600 N 18th St

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) _____
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Pulmonary Tuberculosis
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 _____
20. AUTOPSY? YES NO

19a. DATE OF OPERATION _____

19b. MAJOR FINDINGS OF OPERATION _____

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) _____

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR 0021

22. I hereby certify that I attended the deceased from _____ 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 6:30 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Walter Lewis

23b. ADDRESS 1300 Clark

23c. DATE SIGNED 1/12/53

24a. BURLIAGE, CREMATION, REMOVAL (Specify) Burial

24b. DATE _____

24c. NAME OF CEMETERY OR CREMATORY Cadway Cemetery

24d. LOCATION (City, town, or county) (State) St. Louis, Mo.

DATE REC'D BY LOCAL REG. JAN 12 1953

REGISTRAR'S SIGNATURE J. Earl Smith, M.D.

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Kenel Funeral Home 5541 Euclid Bl.

F.P. (Licensed Embalmer's Statement on Reverse Side)

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

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 Fred J. Turner

Licensed Embalmer No. 4788

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.