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

FILED DEC 4 - 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40399

State File No.

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 11237

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis, Mo.
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): Jewish Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: 2249
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis 0
d. STREET ADDRESS (If rural, give location): 24 3536 Nebraska

3. NAME OF DECEASED (Type or Print)
a. (First) b. (Middle) c. (Last): Charles F. Duffield

4. DATE OF DEATH (Month) (Day) (Year): Nov.26,1953

5. SEX: male 0
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married /
8. DATE OF BIRTH: May28,1888
9. AGE (In years last birthday): 65 — 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): Ret.8 yrs. Switchman R.R.
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Kansas /
12. CITIZEN OF WHAT COUNTRY?:
13a. FATHER'S NAME: Nathan Duffield
13b. MOTHER'S MAIDEN NAME: Flora Miller
14. NAME OF HUSBAND OR WIFE: Marie Duffield
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes — (If yes, give war or dates of service): WorldWarI
16. SOCIAL SECURITY NO.: Unk
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Marie Duffield 3536 Nebraska

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) carcinoma - right buccal mucosa — INTERVAL BETWEEN ONSET AND DEATH: 18 mos.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) massive hemorrhage from neck — 36 hrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: June 25, 1952 — August 13, 1953
19b. MAJOR FINDINGS OF OPERATION: Squamous cell carcinoma
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?: 144X

22. *I hereby certify that I attended the deceased from* June 19, 1952, *to* Nov. 26, 1953, *that I last saw the deceased alive on* Nov. 25, 1953, *and that death occurred at* 1210 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Jam. Schneider MD.
23b. ADDRESS: 4652 Maryland
23c. DATE SIGNED: 11/27/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11-28-53
24c. NAME OF CEMETERY OR CREMATORY: Calvary Cemetery
24d. LOCATION (City, town, or county) (State): St. Louis, Missouri

DATE REC'D BY LOCAL REG.: NOV 27 1953
REGISTRAR'S SIGNATURE: J. Carl Smith MD
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: SOUTHERN FUNERAL HOME, 8322 S. GRAND BLVD., ST. LOUIS 11, MO.
(Licensed Embalmer's Statement on Reverse Side)

JAN 12 1952

Signed Cert at Jewish Hospital

Dr Sam Schneider
~~4500 Olive~~
4652 Maryland

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 David Van Fossan

Licensed Embalmer No. 4542

P. O. Address 6522 So Grand

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.