V.S. No. 300
Rev. 10.48

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Reg. 114,819

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41645

BIRTH NO. FILED DEC 10 1953 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 3028

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

1. PLACE OF DEATH
a. COUNTY: ST. LOUIS COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): JEFF. BRKS. MO.
c. LENGTH OF STAY (in this place): 15 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): VET. ADM. HOSP.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY:
c. CITY OR TOWN: ST. LOUIS
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]
e. STREET ADDRESS (If rural, give location): 1026½ FREY AVE. 2229

3. NAME OF DECEASED (Type or Print)
a. (First): ALVIN
b. (Middle): W.
c. (Last): DURFEE

4. DATE OF DEATH (Month) (Day) (Year): 11/21/53

5. SEX: MALE 0
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: 6/19/95
9. AGE (In years last birthday): 58 yrs. 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): Construction Worker
10b. KIND OF BUSINESS OR INDUSTRY: UNKNOWN
11. BIRTHPLACE (City and State or Foreign Country): MENDON, ILLINOIS
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: JOHN DURFEE
13b. MOTHER'S MAIDEN NAME: NORA HOWARD
14. NAME OF HUSBAND OR WIFE: JANEY DURFEE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES (If yes, give war or dates of service): WORLD I
16. SOCIAL SECURITY NO.: 431-18-0840
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: V. A. HOSPITAL RECORDS

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): GRANULOMA OF LIVER, SPLEEN AND BONE MARROW

ANTECEDENT CAUSES — DUE TO (b): - - - -

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (c): - - - -

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: ARTERIOSCLEROTIC HEART DISEASE

INTERVAL BETWEEN ONSET AND DEATH:

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: - - - - - 230K
20. AUTOPSY? YES [ ] NO [X]

21a. ACCIDENT SUICIDE HOMICIDE (Specify): NONE
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): V.A. m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?: - - - - - - - - - - - - - - - -

22. *I hereby certify that I attended the deceased from* 11/6, 1953, *to* 11/21, 1953, ~~that I last saw the deceased alive on~~ ~~XXXXXXXXXXXXXXXX~~, *and that death occurred at* 6:00 pm., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Tom L. Johnson M.D.
23b. ADDRESS: V.A.HOSPITAL JEFF. BRKS. MO.
23c. DATE SIGNED: 11/21/53

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 11-25-53
24c. NAME OF CEMETERY OR CREMATORY: National Cemetery
24d. LOCATION (City, town, or county) (State): Jefferson Barracks, Missouri

DATE REC'D BY LOCAL REG.: 11/24/53
REGISTRAR'S SIGNATURE: Herbert R. Donke MD
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: McLaughlin's, 2301 Lafayette, 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.....
Signature of Student Embalmer

Signed. H. G. Farris

Licensed Embalmer No. 3384

P. O. Address 2301 Lafayette

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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