

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

7295

State File No. \_\_\_\_\_

FILED MAR 2 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 400

<b>1. PLACE OF DEATH</b> a. COUNTY <u>St. Louis</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before institution). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lemay</u>		c. LENGTH OF STAY (in this place) <u>LIFE</u>	c. CITY OR TOWN <u>Lemay</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>124 E. Arlee ave.</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
e. STREET ADDRESS (If rural, give location) <u>124 E. Arlee</u>			
<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <u>Amanda</u> b. (Middle) <u>-----</u> c. (Last) <u>Duffin</u>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>February 10, 1954</u>
<b>5. SEX</b> <u>Female</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>Married</u>	<b>8. DATE OF BIRTH</b> <u>March 10, 1900</u>
<b>9. AGE</b> (In years last birthday) <u>53</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>Home</u>	<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <u>Vienna, Missouri</u>
<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U.S.A.</u>			
<b>13a. FATHER'S NAME</b> <u>Jefferson Eads</u>		<b>13b. MOTHER'S MAIDEN NAME</b> <u>Jennie Corn</u>	<b>14. NAME OF HUSBAND OR WIFE</b> <u>Hugh E. Duffin</u>
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service) <u>none</u>		<b>16. SOCIAL SECURITY NO.</b> <u>none</u>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Hugh E. Duffin</u>
			<b>ADDRESS</b> <u>Lemay 23, Mo.</u>
<b>MEDICAL CERTIFICATION</b>			
<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)		<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Coronary Thrombosis.</u>	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		<b>ANTECEDENT CAUSES</b> DUE TO (b) <u>Rheumatic valvulitis</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) <u>myocardial degeneration</u>	
		<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.	
<b>19a. DATE OF OPERATION</b> <u>NA</u>		<b>19b. MAJOR FINDINGS OF OPERATION</b> <u>none</u>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP)</b> <u>4201</u>	(COUNTY) (STATE)
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour)	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>	
<b>22. I hereby certify that I attended the deceased from</b> <u>Nov.</u> , 19 <u>52</u> , to <u>Feb.</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>1 Feb.</u> , 19 <u>54</u> , and that death occurred at <u>11.15 PM</u> from the causes and on the date stated above.			
<b>23a. SIGNATURE</b> (Degree or title) <u>John G. Keelott M.D.</u>		<b>23b. ADDRESS</b> <u>2627 Telegraph</u>	<b>23c. DATE SIGNED</b> <u>10 Feb 54</u>
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Burial</u>	<b>24b. DATE</b> <u>Feb. 13, 1954</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Mount Hope Cemetery</u>	<b>24d. LOCATION</b> (City, town, or county) (State) <u>1215 Lemay Ferry Rd. Lemay 23, Mo.</u>
<b>DATE REC'D BY LOCAL REG.</b> <u>2-13-54</u>		<b>REGISTRAR'S SIGNATURE</b> <u>Herbert R. Donke M.D.</u>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>P. Hoffmeister U. &amp; L. Co. 7814 S. Broadway</u>

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

No. 300  
10-48

**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 *Lewis C. Hoffmann*.....

Licensed Embalmer No. 3871.....

P. O. Address 7814 S. B. ....

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.