

FILED JUL 2 - 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20409

No. 300
10.48

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 5664

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u> 2209	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis Mo. ()</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis Mo. ()</u>	
c. LENGTH OF STAY (In this place) <u>25 yrs.</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Alexian Bros Hosp.,</u>		d. STREET ADDRESS (If rural, give location) <u>24 3933 South Bway.</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Rev. John A. Duval.....</u>	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <u>June 23 1954.</u>
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5. SEX <u>Male.</u>	6. COLOR OR RACE <u>White.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single.....</u>	8. DATE OF BIRTH <u>June 17th 1872</u>	9. AGE (In years) (at birthday) <u>82..</u>	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) <u>Priest.....</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign, Country) <u>Collinsville, Ill., /</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA..</u>

13a. FATHER'S NAME <u>Louis Deval.</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Ann Long.....</u>	14. NAME OF HUSBAND OR WIFE <u>No Record...</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO.....</u>	16. SOCIAL SECURITY NO. <u>None.....</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Edith Jackson Est</u>	ADDRESS <u>24</u>
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic Heart Disease 2 yr</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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) <u>4200</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR
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22. I hereby certify that I attended the deceased from 6/19/54 to 6/22/54, that I last saw the deceased alive on 6/22, 1954, and that death occurred at 4 P.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Edith Jackson</u>	(Degree or title) <u>U</u>	23b. ADDRESS <u>5600 S Compton</u>	23c. DATE SIGNED <u>6/29/54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>June 22nd 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Peter & Pauls</u>	24d. LOCATION (City, town, or county) (State) <u>Collinsville Ill.</u>
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DATE REC'D BY LOCAL REG. <u>JUN 24 1954</u>	REGISTRAR'S SIGNATURE <u>J. Earl Smith m.d.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Yes. M. Bruchler</u>	ADDRESS <u>St. Louis</u>
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E.P. (Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD
5600 S Compton St. Collinsville, Mo. 64200
11-12 AM

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 _____

Not Embalmed

Student Embalmer No. _____

working under my personal supervision.

Illinois # 7091

Student
Student Embalmer

Signed *Phillip H. Ogden*

Licensed Embalmer No. *7091 Illinois*

P. O. Address *East St. Louis Ill*

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.