

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

No. 300  
10-48

FILED FEB 7 1956

318

1003

542

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

|   |  |   |  |                                       |  |
|---|--|---|--|---------------------------------------|--|
| 1. PLACE OF DEATH<br>a. COUNTY  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE<br>Missouri            |  | b. COUNTY<br>St. Louis                |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN<br>St. Louis, Mo. |  | c. LENGTH OF STAY (in this place)   |  | c. CITY OR TOWN<br>4148<br>Jennings 1 |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br>Firmin Desloge Hospital                                |  | d. Is Residence within limits of a city or incorporated town?<br>Yes <input type="checkbox"/> No <input type="checkbox"/> |  |                                       |  |
| e. STREET ADDRESS (If rural, give location)<br>7012 Florence                                      |  |   |  |                                       |  |

|  |                           |   |  |                                       |                           |
|--|---------------------------|---|--|---------------------------------------|---------------------------|
| 3. NAME OF DECEASED (Type or Print)  |                           |   | 4. DATE OF DEATH (Month) (Day) (Year)                          |                                       |                           |
| a. (First)<br>John   | b. (Middle)               |   | c. (Last)<br>Duvall  |                                       | 1-14-56                   |
| 5. SEX<br>male <input type="radio"/>   | 6. COLOR OR RACE<br>white | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br>married | 8. DATE OF BIRTH<br>March 27, 1878                             | 9. AGE (In years last birthday)<br>77 | IF UNDER 1 YEAR<br>Months |
| IF UNDER 24 HRS.<br>Days   | IF UNDER 24 HRS.<br>Hours | IF UNDER 24 HRS.<br>Min.  | 11. BIRTHPLACE (City and State or Foreign Country)<br>Missouri | 12. CITIZEN OF WHAT COUNTRY?<br>USA   |                           |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br>Die Maker |                           | 10b. KIND OF BUSINESS OR INDUSTRY<br>Retired                      |  |                                       |                           |

|  |  |  |  |  |  |
|--|--|--|--|--|--|
| 13a. FATHER'S NAME<br>Joseph S. Duvall |  | 13b. MOTHER'S MAIDEN NAME<br>Mary Cissel |  | 14. NAME OF HUSBAND OR WIFE<br>Mary Una Duvall |  |
|--|--|--|--|--|--|

|  |  |  |  |   |  |
|--|--|--|--|---|--|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br>no |  | 16. SOCIAL SECURITY NO.<br>492-03-4129 |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br>Mrs. Mary Una Duvall 7012 Florence |  |
|--|--|--|--|---|--|

|  |  |  |                                     |  |  |                                  |  |  |
|--|--|--|-------------------------------------|--|--|----------------------------------|--|--|
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))   |  |  | MEDICAL CERTIFICATION               |  |  | INTERVAL BETWEEN ONSET AND DEATH |  |  |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia, bilateral  |  |  | DUE TO (b) Congestive heart failure |  |  | 3 wks.                           |  |  |
| * This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.            |  |  | DUE TO (c)                          |  |  | 2-3 mo.                          |  |  |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. Pericarditis, subacute |  |  |                                     |  |  | 2-3 mo.?                         |  |  |

|                        |  |   |  |   |  |
|------------------------|--|---|--|---|--|
| 19a. DATE OF OPERATION |  | 19b. MAJOR FINDINGS OF OPERATION<br>434.1 |  | 20. AUTOPSY?<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |  |
|------------------------|--|---|--|---|--|

|  |  |  |  |   |  |
|--|--|--|--|---|--|
| 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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> |  | 21f. HOW DID INJURY OCCUR?                      |  |

22. I hereby certify that I attended the deceased from 12-24, 1955, to 1-14, 1956 that I last saw the deceased alive on 1-14, 1956, and that death occurred at 11:00 P. M., from the causes and on the date stated above.

|  |  |                                   |  |                             |  |
|--|--|-----------------------------------|--|-----------------------------|--|
| 23a. SIGNATURE (Degree or title)<br>Joseph B. Vocca M.D. |  | 23b. ADDRESS<br>1325 S. Grand Av. |  | 23c. DATE SIGNED<br>1-16-56 |  |
|--|--|-----------------------------------|--|-----------------------------|--|

|   |  |                      |  |  |  |  |
|---|--|----------------------|--|--|--|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br>burial |  | 24b. DATE<br>1-18-56 | 24c. NAME OF CEMETERY OR CREMATORY<br>Calvary Cemetery |  | 24d. LOCATION (City, town, or county) (State)<br>St. Louis, Missouri |  |
|---|--|----------------------|--|--|--|--|

|   |  |                                      |  |   |  |
|---|--|--------------------------------------|--|---|--|
| DATE REC'D BY LOCAL REG.<br>JAN 17 1956 |  | REGISTRAR'S SIGNATURE<br>[Signature] |  | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS<br>Buchholz Mortuary - 5967 W. Florissant Ave. |  |
|---|--|--------------------------------------|--|---|--|

(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.....  
Signature of Student Embalmer

Signed *W. Fred W. Bushnell*.....

Licensed Embalmer No..... *453*

P. O. Address *St. Louis*.....

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.