

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

22324

State File No. ....

FILED JUN 22 1956

BIRTH NO. 43096-56 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 547 Registrar's No. 1224

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Richmond Heights</u>		c. LENGTH OF STAY (in this place) <u>4 days</u>	c. CITY OR TOWN <u>St. Louis</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Mary's Hospital</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) <u>6129 West Park</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Daniel</u>	b. (Middle) <u>George</u>	c. (Last) <u>Dury</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>May 17, 1956</u>
-------------------------------------	--------------------------	---------------------------	-----------------------	---

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>May 12, 1956</u>	9. AGE (In years last birthday) IF UNDER 1 YEAR Months <u>4</u> IF UNDER 4 HRS. Hours Min.
--------------------	-------------------------------	---	--------------------------------------	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Nil</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Nil</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis Co. Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
--	--	---	--

13a. FATHER'S NAME <u>George E. Dury</u>	13b. MOTHER'S MAIDEN NAME <u>Rose Bonanno</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
--	---	---

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 ADDRESS <u>Geo. E. Dury 6129 West Park</u>
--	-------------------------------------	--

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, ashenia, 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>Congenital tracheo-esophageal fistula</u> <u>congenital large patent ductus arteriosus</u> DUE TO (b) <u>Permaternity (37 wks - 5'9 1/2")</u> 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 <u>5/14/56</u>	19b. MAJOR FINDINGS OF OPERATION <u>Tracheo-esophageal fistula 7.56x</u>	20. AUTOPSY? 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)	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 birth 5/12/56, to death 5/17/56, that I last saw the deceased alive on 5/16, 1956, and that death occurred at 1:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Hattie Becke</u>	23b. ADDRESS <u>2973 Watson St. Jkns. Mo.</u>	23c. DATE SIGNED <u>5/17/56</u>
------------------------------------	---	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>May 18, 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mount Olive Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>B900 Mt. Olive Rd. Lemay 23, Mo.</u>
---	-------------------------------	--	---

DATE REC'D BY LOCAL REG. <u>5-17-56</u>	REGISTRAR'S SIGNATURE <u>Herbert A. Donohue MD</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>C. Hoelmeister U. &amp; L. Co. 7814 S. Broadway</u>
---	--	---

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 <sup>not</sup> embalmed by me, or by Fluid Pack only -, Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed Harry J. Johnson  
Licensed Embalmer No. 2679

P. O. Address 7514 S. Woodward

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.