

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28318

State File No.

FILED SEP 7 1956

7219

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 7219					
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis							
b. CITY (If outside corporate limits, write RURAL and give OR TOWN St. Louis)		c. LENGTH OF STAY (in this place) 11 weeks		c. CITY OR TOWN Kirkwood		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
d. FULL NAME OF HOSPITAL OR INSTITUTION Deaconess Hospital				e. STREET ADDRESS (If rural, give location) 118 E. Jefferson Ave.							
3. NAME OF DECEASED (Type or Print) FELIX			a. (First)		b. (Middle)		c. (Last) DURAND				
4. DATE OF DEATH Aug. 3, 1956			4. DATE OF DEATH (Month) (Day) (Year)								
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Mar. 24, 1891		9. AGE (In years last birthday) 65			
						IF UNDER 1 YEAR Months 4 Days 9		IF UNDER 24 HRS. Hours Min. 			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Embalmer				10b. KIND OF BUSINESS OR INDUSTRY Louis H. Bopp, Inc.		11. BIRTHPLACE (City and State or Foreign Country) Kirkwood, Mo.		12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME Julius Durand			13b. MOTHER'S MAIDEN NAME Annie Ussman			14. NAME OF HUSBAND OR WIFE Irene Durand					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No			16. SOCIAL SECURITY NO. 488-03-0018		17. INFORMANT'S SIGNATURE OR NAME Irene Durand, Phoenix, Ariz.			ADDRESS			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)								MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 20 min	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarction											
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.								ANTECEDENT CAUSES			
DUE TO (b) Coronary arteriosclerotic heart disease								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 checked="" 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 10-5 , 1949 , to 8-3-56 , 19 , that I last saw the deceased alive on 8-2 , 1956 , and that death occurred at 3:20A m. , from the causes and on the date stated above.											
23a. SIGNATURE J. D. Smith M.D. (Degree or title)					23b. ADDRESS 634 N. Grand Blvd.			23c. DATE SIGNED 8-4-56			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 8/6/56		24c. NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery		24d. LOCATION (City, town, or county) (State) Kirkwood, Mo.					
DATE REC'D BY LOCAL REG. AUG 4 1956			REGISTRAR'S SIGNATURE J. Earl Smith Mo			25. FUNERAL DIRECTOR'S SIGNATURE Bopp Funeral Home ADDRESS Kirkwood, Mo.					

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 E Morris*.....

Licensed Embalmer No. *336*.....

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.