

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED SEP 6 1956

State File No. **28319**
7362
Registrar's No.

| | | | | | | | |
|--|-------------------------------|--|---|---|---|---|---|
| BIRTH NO. _____ | | REG. DIST. NO. 318 | | PRIMARY REG. DIST. 1003 | | Registrar's No. _____ | |
| 1. PLACE OF DEATH a. COUNTY _____ | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____ | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | | c. LENGTH OF STAY (in this place) _____ | | c. CITY OR TOWN St. Louis | | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION St. Anthony's Hospital | | | | e. STREET ADDRESS (If rural, give location) 24 3831 Pennsylvania Ave 2249 | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) PERCY b. (Middle) Edward c. (Last) DURRER | | | 4. DATE OF DEATH 8-8-1956 (Month) (Day) (Year) | | | | |
| 5. SEX <input type="radio"/> Male <input type="radio"/> Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower | 8. DATE OF BIRTH 8-22-1893 | | 9. AGE (In years - last birthday) 62 | 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) Operator Coal Conveyor | | 10b. KIND OF BUSINESS OR INDUSTRY Anheuser-Busch | | 11. BIRTHPLACE (City and State or Foreign Country) Illinois | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |
| 13a. FATHER'S NAME Theodore Durrer | | 13b. MOTHER'S MAIDEN NAME Nellie Smith | | 14. NAME OF HUSBAND OR WIFE _____ | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | | 16. SOCIAL SECURITY NO. 489-10-8365 | | 17. INFORMANT'S SIGNATURE OR NAME Frank M. Moore ADDRESS 3637 Lindell Blvd | | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i> | | | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CARCINOMA LARYNX + PHARYNX | | | INTERVAL BETWEEN ONSET AND DEATH 4 mos (?) |
| | | | | 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. ARTERIOSCLEROTIC HEART DISEASE ONK | | | |
| 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION 1998 / 6 / 11 | | | | 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) (Min.) _____ | | 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 6:25 P. 5/19/56 , to 8/8/56 , that I last saw the deceased alive on 8/8/56 , and that death occurred at 6:25 pm. , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) Henry Cooper MD. | | | | 23b. ADDRESS 778 Olive St. | | 23c. DATE SIGNED 8/19/56 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE 8-10-1956 | 24c. NAME OF CEMETERY OR CREMATORY St. Matthews Cemetery | | 24d. LOCATION (City, town, or county) (State) 4260 Bates St Mo | | |
| DATE REC'D BY LOCAL REG. AUG 9 1956 | | REGISTRAR'S SIGNATURE J. Carl Smith | | 25. FUNERAL DIRECTOR'S SIGNATURE M. J. Ziegenfuss ADDRESS Box 6409 Gravois Ave. | | | |

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

(Licensed Embalmer's Statement on Reverse Side)

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..... *Van M. Sijmoo*

Licensed Embalmer No. *434*.....

P. O. Address *Louis M*.....

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.