

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED FEB 5 1957

State File No. **3520**

BIRTH NO. _____		REG. DIST. NO. <u>326</u>		PRIMARY REG. DIST. NO. <u>4531</u>		Registrar's No. <u>10</u>	
1. PLACE OF DEATH a. COUNTY <u>Warren</u>				2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Warrenton</u>		c. LENGTH OF STAY (in this place) <u>1 yr. 7 mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis, Mo.</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Katie Jane Memorial Home</u>				d. STREET ADDRESS (If rural, give location) <u>2801 S. Broadway</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>George</u>			b. (Middle)		c. (Last) <u>Dueringer</u>		4. DATE OF DEATH (Month) <u>2</u> (Day) <u>2</u> (Year) <u>1957</u>
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Oct 2 1882</u>		9. AGE (In years last birthday) <u>74</u> IF UNDER 1 YEAR Months Days IF UNDER 6 mos. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Nickel Plater</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Plating</u>		11. BIRTHPLACE (State or foreign country) <u>St Louis Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U S</u>	
13a. FATHER'S NAME <u>Henry Dueringer</u>			13b. MOTHER'S MAIDEN NAME <u>Louise Molser</u>		14. NAME OF HUSBAND OR WIFE <u>Ida Mae (Deceased)</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>489-10-8995</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Gwyn Hickman 7726 Jerome Av</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Vascular accident</u>  ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized arteriosclerosis</u> DUE TO (c) <u>Myocardial infarction</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Stroke</u>					INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>443x</u>					20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
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 <u>6-29, 1956</u> , to <u>2-2, 1957</u> , that I last saw the deceased alive on <u>2-1, 1957</u> , and that death occurred at <u>9:03 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Harold Woodruff M.D.</u>				23b. ADDRESS <u>Warrenton, Mo.</u>		23c. DATE SIGNED <u>2-2-57</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2/5/57</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St Matthews Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St Louis Missouri</u>		
DATE REC'D BY LOCAL REG. <u>2-4-57</u>		REGISTRAR'S SIGNATURE <u>Floyd Logan</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Moydell Funeral Home 1926 Allen Av</u>			

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

REC  
7 1957

**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 \_\_\_\_\_

*me*

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Student Embalmer

Signed *George J. Soobade Jr.*

Licensed Embalmer No. *4899*

P. O. Address *1926 Allen Ave.*

**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.