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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-023257
STATE FILE NUMBER

FILED JUL 3 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6477

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN: St. Louis, — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): St. Anthony Hospital, — Length of stay in Ib: 22 215 9

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri, b. COUNTY:
c. CITY OR TOWN: St. Louis, — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 4337 Minnesota Ave., — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: Hubert Middle: Cullen Last: Duvall,

4. DATE OF DEATH: Month: June Day: 27, Year: 1958

5. SEX: Male. 0

6. COLOR OR RACE: White,

7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: April 3, 1899

9. AGE (In years last birthday): 59 — 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): Clerk,

10b. KIND OF BUSINESS OR INDUSTRY: U.S. Post Office,

11. BIRTHPLACE (City and state or country): St. Mary's Missouri,

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: Cullen E. Duvall,

13b. MOTHER'S MAIDEN NAME: Pauline Townsend,

14. NAME OF HUSBAND OR WIFE: Mary Anna Duvall,,

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WW-I

16. SOCIAL SECURITY NO.: —

17. INFORMANT: Mrs. Mary Anna Duvall, Address: 4337 Minnesota Ave.,

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Renal Failure (Uremia) — INTERVAL BETWEEN ONSET AND DEATH: Birth
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Polycystic Kidneys
DUE TO (c) 757.1
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Arteriosclerosis CVR Disease

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 5-2-58, to 6-27-58 and last saw him alive on 6-26-58
Death occurred at 1:20 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: C A Nester MD (Degree or title)

22b. ADDRESS: 5600 S Compton

22c. DATE SIGNED: 6-27-58

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal.

23b. DATE: 6/30/58

23c. NAME OF CEMETERY OR CREMATORY: Resurrection Cemetery,

23d. LOCATION (City, town, or county) (State): St. Louis County, Missouri,

24. FUNERAL DIRECTOR: Gebken-Benz Mortuary, ADDRESS: 2842 Meramec St., St. Louis, 18, Mo.

25. DATE RECD. BY LOCAL REG.: JUN 27 '58

26. REGISTRAR'S SIGNATURE: J. Earl Smith, M.D. S.P.

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 ..... Signature of Student Embalmer

Signed ....Joe E. Benz....

Licensed Embalmer No. ....4249....

P. O. Address ....2842 Meramec S
St. Louis, Mo

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.