URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-60-009353

STATE FILE NUMBER

FILED VS MAR 3 1960

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 530

ENDED

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Grantwood Village — Length of stay in 1b 5 months
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 7340 Navarre Circle — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY St. Louis
c. CITY OR TOWN Grantwood Village — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 7340 Navarre Circle — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Frederick Middle Durand Last Benjamin

4. DATE OF DEATH Month Feb Day 15 Year 1960

5. SEX M
6. COLOR OR RACE W
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH Sep 5 1959
9. AGE (last birthday) 0 — IF UNDER 1 YEAR Months 5 Days 10 — IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) --
10b. KIND OF BUSINESS OR INDUSTRY --
11. BIRTHPLACE (City and state or country) St. Louis, Missouri
12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Durand Benjamin Jr.
13b. MOTHER'S MAIDEN NAME Mary Lou Fahnster
14. NAME OF HUSBAND OR WIFE --

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) --
16. SOCIAL SECURITY NO. None
17. INFORMANT Mr Durand Benjamin Jr Address 7340 Navarre Circle Grantwood Village St. Louis 33, Mo

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Aspiration of vomitus while choking on foreign material
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Choked on particles of plastic bag
20c. TIME OF INJURY Hour ~~A.M.~~ P.M. between 3:30 & 4:00 Month, Day, Year 2/15/60
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.) bedroom of home
20f. CITY, TOWN, OR LOCATION COUNTY St. Louis STATE Missouri

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____
Death occurred at 4:[illegible] p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Raymond J. Davis Coroner
22b. ADDRESS Clayton, Mo.
22c. DATE SIGNED 2/24/60

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Feb 16, 1960
23c. NAME OF CEMETERY OR CREMATORY Laurel Hill Cemetery
23d. LOCATION (City, town, or county) (State) St. Louis County Missouri

24. FUNERAL DIRECTOR ADDRESS Hoffmeister Colonial Mortuary ~~6464 Chippewa St. Louis 9, Missouri~~
25. DATE RECD. BY LOCAL REG. 2-16-60
26. REGISTRAR'S SIGNATURE John C. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed _____

Signature of Student Embalmer

Licensed Embalmer No. 4764

P. O. Address St Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co
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.