

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-018944

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4957

STATE FILE NUMBER

FILED JUN 8 1961

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Louis</u>		Length of stay in 1b <u>3 weeks</u>	c. CITY OR TOWN <u>St. Louis</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Jewish Hospital</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>5061a Queens Ave</u>
3. NAME OF DECEASED (Type or print) First <u>VERA</u> Middle <u>ANNE</u> Last <u>DUEKER</u>			4. DATE OF DEATH Month <u>May</u> Day <u>23</u> Year <u>1961</u>
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>8/23/1899</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Secretary</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Streckfus Steamers</u>	9. AGE (last birthday) <u>61 years</u>
13a. FATHER'S NAME <u>George I. Dueker</u>		13b. MOTHER'S MAIDEN NAME <u>Ida J. Volling</u>	11. BIRTHPLACE (City and state or country) <u>St. Louis, Missouri</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>		14. NAME OF HUSBAND OR WIFE <u>U. S. A.</u>	
17. INFORMANT <u>Carmen Dueker - 5061a Queens Ave.</u>			Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Respiratory Paralysis

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Amyotrophic Lateral Sclerosis

DUE TO (c) 356.1

INTERVAL BETWEEN ONSET AND DEATH
About 3 years

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.)

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

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 5-8-61 to 5-23-61 and last saw her/him alive on 5-23-61
Death occurred at 4:20 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)
Arthur H. Gale M.D.

22b. ADDRESS
Jewish Hospital - ST. LOUIS

22c. DATE SIGNED
5/24/61

23a. BURIAL, CREMATION, REMOVAL (Specify)
burial

23b. DATE
May 26, 1961

23c. NAME OF CEMETERY OR CREMATORY
Calvary Cemetery

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

24. FUNERAL DIRECTOR
BUCHHOLZ MORTUARY-5967 W. Florissant Ave

25. DATE RECD. BY LOCAL REG.
MAY 25 1961

26. REGISTRAR'S SIGNATURE
Paul Smith M.D.

DATE AMENDED

INSTEAD OF DOCUMENT

TITLE NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

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 me
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *Walter J. Burdell*

Licensed Embalmer No. 4551

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.