

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED

SEP 21 1943
Registration District No. 317

Primary Registration District No. 3066

Registrar's No. 2060

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Kirkwood

(c) Name of hospital or institution: 409 E. Jefferson
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community _____ (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis

(c) City or town Kirkwood
(If outside city or town limits, write "RURAL")

(d) Street No. 409 E. Jefferson
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Blaine Alphonsus Durbin

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 8 11
year 1943 hour 12 minute 45 P.M.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widower

6. (b) Name of husband or wife Alta Durbin 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: Sept 10 1886
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Sept. 8 1943 to Sept. 11 1943
that I last saw him alive on Sept. 11 1943
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

57 0 1 _____ hr. _____ min.

Immediate cause of death: Coronary thrombosis

Duration _____

9. Birthplace: Kansas
(City, town, or county) (State or foreign country)

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

10. Usual occupation: Baker

11. Industry or business: Restaurant

Major findings: Of operations g+a

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

MOTHER FATHER

12. Name: James Durbin

13. Birthplace: Mo
(City, town, or county) (State or foreign country)

14. Maiden name: Clara Sinclair

15. Birthplace: Ill
(City, town, or county) (State or foreign country)

16. (a) Informant: Mrs Jos. Schneider

(b) Address: 409 E. Jefferson, Kirkwood, Mo.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

17. (a) Burial (b) Date thereof: 9-14-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: St Peters Cem.

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

18. (a) Signature of funeral director: Louis H. Bopp, Inc.
(b) Address: 131 W. Argonne Dr. Kirkwood, Mo.

While at work? _____ (Specify type of place) (e) Means of injury _____

19. (a) SEP 14 1943 (b) E. G. Mc...
(Date received local registrar) (Registrar's signature)

23. Signature: J. D. Stagle (M. D. or other) M.D.
Address: 1047 Adams, Kirkwood Date signed: 9/13/43

WRITE PLAINLY--USE UNFADING BLACK INK--MAKE A PERMANENT RECORD

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