

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

42318

**1. PLACE OF DEATH**

County.....  
Township.....  
City St. Louis

Registration District No. 7911  
Primary Registration District No. 1003  
(No. 5879 Plymouth)

File No. ....  
Registered No. 12042  
St. .... Ward)

**2. FULL NAME**

Robert F Dunlap  
(a) Residence. No. 5879 Plymouth St., 5 Ward.  
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX: Male  
4. COLOR OR RACE: White  
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May - 27 - 1861

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
68      6      13

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work: Lumberman  
(b) General nature of industry, business, or establishment in which employed (or employer): Retired  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Grayville  
(STATE OR COUNTRY) Ills

10. NAME OF FATHER unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN) St. Louis  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) "  
(STATE OR COUNTRY)

14. INFORMANT Miss Maude Dunlap  
(Address) 5879 Plymouth

15. FILED DEC 19 1929 Miss Q. K. ... REGISTRAR

**3 MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 10 1929

17. I HEREBY CERTIFY, That I attended deceased from Dec 4 1929, to Dec 10 1929, and that I last saw him alive on Dec 7 1929, and that death occurred, on the date stated above, at 1045 A. m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Cancer of stomach  
44 (duration) 6 yrs. 6 mos. — ds.

CONTRIBUTORY (SECONDARY) Chr. myocarditis & arterio-sclerosis (duration) ? yrs. — mos. — ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical findings

(Signed) Joe E. Hegi, M.D.

. 19 (Address) 3860 So Broadway

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Shawneer Ills DATE OF BURIAL Dec 11 1929

20. UNDERTAKER Peltz Bros 3029 Lafayette ADDRESS

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WHITE (FEMALE); WITH CHANGING INK THIS IS A PERMANENT RECORD

7  
2  
91

3860 S. Bond  
Chicago