

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

Do not use this space.

**29283**

**1. PLACE OF DEATH**

County St. Louis

Registration District No. 786

Township Central

Primary Registration District No. 4469

City Maplewood (No. 2541)

Bredell Ave

File No.

Registered No. 73

St.

Ward)

**2. FULL NAME**

(a) Residence. No. 2541 Bredell Ave St. Maplewood 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)**

Married

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

Mamie L. Dunham

**6. DATE OF BIRTH (MONTH, DAY AND YEAR)**

May 8 - 1878

**7. AGE**

YEARS

MONTHS

DAYS

If LESS than 1 day, ..... hrs. or ..... min.

53

3

18

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work

Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

**9. BIRTHPLACE (CITY OR TOWN)**

(STATE OR COUNTRY)

Missouri

**10. NAME OF FATHER**

Sherold Dunham

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY)

Missouri

**12. MAIDEN NAME OF MOTHER**

Millinda Yelton

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY)

Missouri

**14.**

INFORMANT

(Address)

Mamie L. Dunham  
2541 Bredell Ave Maplewood

**15.**

FILED

SEP 25 1931

Mercedes Schuster  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)**

Aug 26 1931

**17.**

I HEREBY CERTIFY, That I attended deceased from

....., 19....., to

....., 19....., and that

that I last saw him alive on ..... and that death occurred, on the date stated above, at 6:45 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

(Chronic) Myocarditis

**CONTRIBUTORY (SECONDARY)**

(duration)

yrs.

mos.

ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH

Maplewood, Mo.

**DID AN OPERATION PRECEDE DEATH**

DATE OF

WAS THERE AN AUTOPSY

WHAT TEST CONFIRMED DIAGNOSIS

(Signed)

John B. Connolly, M. D.

(Address)

2631 E. Locust St. St. Louis

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

**19. PLACE OF BURIAL, CREMATION, OR REMOVAL**

DATE OF BURIAL

Newburg, Mo.

Aug 29 1931

**20. UNDERTAKER**

ADDRESS

Louis H. Bopp

Kirkwood, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

10-10-10