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.

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

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

JUL 12 1935

Do not use this space.

20978

1. PLACE OF DEATH

County .... Registration District No. .... File No. ....

Township .... Primary Registration District No. .... Registered No. 4845

City St. Louis (No. City Hosp'l St. .... Ward)

43314

2. FULL NAME Fred Dunham

(a) Residence, No. 1438 Warren St. Ward. 26
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 8 1933

7. AGE YEARS 2 MONTHS — DAYS 23 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Nil
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis Mo

FATHER
13. NAME Erwin Dunham
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER
15. MAIDEN NAME Barbara (unk.)
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

17. INFORMANT Hosp Adm M Records
(ADDRESS) City Hosp

18. BURIAL, CREMATION, OR REMOVAL
PLACE St John N DATE June 3 1935

19. UNDERTAKER Wm Leidner U C 3698
(ADDRESS) 1417 N Market St

20. FILED JUN -2 1935 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/1 1935

22. I HEREBY CERTIFY, That I attended deceased from 6/1 1935, to 6/1 35

I last saw him alive on 6/1 1935 Death is said to have occurred on the date stated above, at 7:30 a.m.

The principal cause of death and related causes of importance were as follows: Date of onset

Meningococcus Septieemia, following finger being mash ed in door at residence, about May 1st, 1935.

1946

Other contributory causes of importance:

ACCIDENT.

354

Name of operation .... Date of .... Yes.

What test confirmed diagnosis? .... Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, ~~suicide, or homicide~~ XXXXXXXXX Date of injury May 1 1935

Where did injury occur? St. Louis, Mo.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.
Home.

Manner of injury Finger mashed in door.

Nature of injury "

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Harold Schaff M. D.

(Address) City Hosp'l

6/3/35

1/2