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.

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

DEC 12 1935

Do not use this space.

37908

File No.

Registered No. 9887

Registration District No. 791

Primary Registration District No. 1003

1. PLACE OF DEATH

County

Township

City St. Louis (No. St. Johns Hospital St. Ward)

2. FULL NAME George R. Dunlap

(a) Residence, No. 9344 Genesee Street Mich 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: M.

4. COLOR OR RACE: W.

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) ~~WIFE OF~~: Marian Dunlap

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Apr. 5 - 1896

7. AGE: Years 39 | Months 7 | Days 20 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Chauffer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Cleaning & Dyeing

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): Trenton Mo

FATHER

13. NAME: Fred Dunlap

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Trenton Mo

MOTHER

15. MAIDEN NAME: Clara May Foster

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Princeton Mo

17. INFORMANT: Mr. Fred Dunlap
(ADDRESS) 3641 Garfield Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Trenton Mo. DATE Nov. 28, 1935

19. UNDERTAKER: Cullinane Bros.
(ADDRESS) 1710 N. Grand Blvd

20. FILED NOV 26 1935, 19.... J. F. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 25, 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov. 24, 1935, to 11-24, 1935

I last saw h. alive on Nov 24, 1935. Death is said to have occurred on the date stated above, at 2:30 a.m.

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

	Date of onset
Pyelitis & Uremia	
Pyelitis - Non Calculous	
Uremia Results of chr	
Nephritis and Pyelitis	

Other contributory causes of importance:

131

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19....
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) [illegible], M. D.

(Address) 3609 Hampton Ave St Louis