

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

JAN 24 1938

46607
Do not use this space.

1. PLACE OF DEATH

(a) County ST. LOUIS Registration District No. 333
(b) Township ST. FERDINAND Primary Registration District No. 4468
(c) City FERGUSON (d) Street No. BROTHERTON LANE St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S. (g) of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. Ferguson Mo St. ☐ (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Write the word
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ✓
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 4 - 1937
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 30 min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as 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) Ferguson Mo

13. NAME UNKNOWN

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN

15. MAIDEN NAME Edna Mae Dunham

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis

17. INFORMANT (ADDRESS) Eugene L. Dunham, Ferguson, Mo

18. BURIAL CREMATION OR REMOVAL MEMORIAL PARK DATE Dec 6 1937

19. FUNERAL DIRECTOR (ADDRESS) L. B. Tanner, 6107 Natural Bridge Rd

20. FILED 12-6 1937 W. A. Zeithner Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-5-1937

22. I HEREBY CERTIFY, That I attended deceased from 12-4-1937, to 12-5-1937

I last saw him alive on 12-5-1937. Death is said to have occurred on the date stated above, at 9 a.m.
The principal cause of death and related causes of importance were as follows:

Premature birth
15 1/2 gestations
Date of onset 12-4-37

Other contributory causes of importance:
Underdeveloped

Name of operation craniotomy Date of 12-5-37
What test confirmed diagnosis: clinical Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? L Date of injury 12-5-37
Where did injury occur? L (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury L
Nature of injury L

24. Was disease or injury in any way related to occupation of deceased? Yes
If so, specify Ray Johnson, M. D.
(Signed) Ferguson Mo
(Address)

(Licensed Embalmer's Statement on Reverse Side)

Per b. Smith

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____
hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____
_____ L. E. _____
No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed _____

Licensed Embalmer No. _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)