

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

16755
 Do not use this space.

1. PLACE OF DEATH **DEAD JUN 12 1939**

(a) County..... Registration District No..... **791**

(b) Township..... Primary Registration District No..... **1008**

(c) City **St. Louis Mo.** (d) Street No. **St. Johns Hospital** St. **St. Johns Hospital** 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., if of foreign birth? yrs. mos. ds. **3 weeks**

2. PRINT FULL NAME **Mary Margaret Dunlap**

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 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 **William T. Dunlap**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **6-12-1863**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
75 10 25

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **House-wife**

9. Industry or business in which work was done, as saw mill, bank, etc. **at home**

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) **Cook Station Mo.**

FATHER 13. NAME **William Taff**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Sweetwater Tenn.**

MOTHER 15. MAIDEN NAME **Delila Carver**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Gainesville Ga.**

17. INFORMANT **Bernice Pierce**
 (ADDRESS) **6424 Leschen Ave.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Cook Station Mo** DATE **May 10 1939**

19. FUNERAL DIRECTOR (NAME) **Alexander and Sons**
 (ADDRESS) **6175 Delmar Blvd.**

20. FILED **MAY 8 1939** **J. J. Judick**
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **5-7 1939**

22. I HEREBY CERTIFY, That I attended deceased from **1-1 1936** to **5-7 1939**

I last saw her alive on **5-7 1939** Death is said to have occurred on the date stated above, at **7:40 p.m.**

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

Hypertension Myocarditis Date of onset **1938**
Arteriosclerotic Nephritis **1938**
Arteriosclerosis **1938**

Other contributory causes of importance: **Diabetes Mellitus** **34yo**

Name of operation Date of
 What test confirmed diagnosis? **Suicidal** Was there an autopsy? **No**

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 **of Mottled**
 (Signed) **of Mottled** M. D.
 (Address) **4030 Chautau Ave**

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.

RECORDING INFORMATION IS A PERMANENT RECORD

Dr. C. E. Matlock
4030 Chouteau Ave.
Newstaded 0144 3 to 6 P.M.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No., working under my personal supervision.

Signed

J. Wm. Binley

Licensed Embalmer No.

3653

P.O. Address

St. Louis Mo

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

If this body is not embalmed, above space should be left blank.

6175 Delmar