

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 8137
Registrar's No. 319

Registration District No. 784 Primary Registration District No. 109

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Maplewood Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2537 Bredell Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2
(Specify whether years, months or days)

In this community

3. (a) PRINT FULL NAME Mamie C. Dunham 550
(b) If veteran, name war _____ (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Widow
(b) Name of husband or wife William Frank Dunham (c) Age of husband or wife if alive _____ years
7. Birth date of deceased April 7 1881
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
58 58 10 7 hr. min.

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER

12. Name Frederick Sahwaebe
13. Birthplace Germany (City, town, or county) (State or foreign country)
14. Maiden name Clarissa Polk
15. Birthplace Missouri (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Edmond Dunham
(b) Address 3414 Mc Kean

17. (a) Newberg Mo. (b) Date thereof Feb 17 1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Burial

18. (a) Signature of funeral director Jay S. Smith
(b) Address 7456 Manchester Ave.

19. (a) FEB 16 1940 (b) 701 Main St. St. Louis
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Maplewood Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 2537 Bredell Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEB day 14
year 1940 hour 10 minute 35 AM.

21. I hereby certify that I attended the deceased from JAN 22, 1940, to FEB 14, 1940;
that I last saw her alive on FEB 14, 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____
Acute appendicitis with peritonitis 1-20 to 1-22
Due to Generalized peritonitis 1-22 to 2-14
Due to 121
Other conditions Toxemia; terminal uremia 2 days
(Include pregnancy within 3 months of death)

Major findings: Acute appendicitis with peritonitis
Of operations _____
Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature Grover H. Bracey (M. D. or other) 1
Address 4500 Olive Date signed 2/15/40

(Licensed Embalmer's Statement on Reverse Side)

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. J. Burgess

Licensed Embalmer No.

4029

P. O. Address.....

Maplewood

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.

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