

Registration District No. 791 Primary Registration District No. 1003

FILED OCT 25 1940

1. PLACE OF DEATH:

(a) County _____
(b) City or town ST. LOUIS
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2221 A CHOUTEAU AV.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County _____
(c) City or town ST. LOUIS 22
(If outside city or town limits, write "RURAL")
(d) Street No. 0 2221 A CHOUTEAU AV.
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEPT. day 27
year 1940 hour 6 minute 45 A. M.

21. I hereby certify that I attended the deceased from Sept 27, 1940 to Sept 27, 1940
that I last saw her alive on Sept 26, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death
Myocardial Infarction (ch)
Mitral Stenosis

Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME Josephine Dunsford

3. (b) If veteran, name war No. 3. (c) Social Security No. No.

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife HARRY DUNS FORD 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased JUNE 3 1878
(Month) (Day) (Year)

8. AGE: Years 62 Months 3 Days 24 If less than one day _____ hr. _____ min.

9. Birthplace ST. LOUIS, MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEKEEPER

11. Industry or business OWN.

MOTHER FATHER { 12. Name VALENTINE GUYOT 9
13. Birthplace FRANCE
14. Maiden name UNKNOWN APPEL
15. Birthplace UNK.
(City, town, or county) (State or foreign country)

16. (a) Informant Harry Dunsford

(b) Address 2221 A Chouteau Av.

17. (a) BURIAL (b) Date thereof SEPT 30 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MEMORIAL PARK CEM.

18. (a) Signature of funeral director E. J. Schurr

(b) Address 3125 Lafayette Av.

19. (a) 9-29-40 (b) J. B. Buddeck
(Date received local registrar) (Registrar's signature)

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 J. B. Buddeck (M. D. or other) _____
Address 1446 So. Grand Date signed Sept 28 1940

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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

Joseph B. Hollman

Licensed Embalmer No. *4014*

P. O. Address *3125 Lafayette St*

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.