

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

36329

State File No. \_\_\_\_\_

Registration District No. 284

Primary Registration District No. 200

Registrar's No. 1901

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town Conrad / Cook  
(c) Name of hospital or institution: Koch Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 6 days  
In this community 26 years  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME MARGARET DUNLAP

3. (b) If veteran, name was NONE 8. (c) Social Security No. NONE

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

6. (b) Name of husband or wife Lloyd Dunlap 6. (c) Age of husband or wife if alive years

7. Birth date of deceased OCT. 3, 1907  
(Month) (Day) (Year)

8. AGE: Years 33 Months 1 Days br. min. min.  
If less than one day

9. Birthplace ROLLA Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation WAITRESS

11. Industry or business

12. Name ALVIS CANARD  
13. Birthplace ROLLA Mo.  
(City, town, or county) (State or foreign country)  
14. Maiden name WEISS PADGES  
15. Birthplace ROLLA Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Koch Hosp. Records  
(b) Address Koch mo.

17. (a) BURIAL (b) Date thereof 10-9-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation BURI CALVARY

18. (a) Signature of funeral director Hullett & Kelly

(b) Address 1416 N. Taylor Ave

19. (a) OCT - 8 1940 (b) T. R. M. M. D. D. P. M.  
(Date received local health officer) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4303 Delmar  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 4  
year 1940 hour 9:25 minute P. M.

21. I hereby certify that I attended the deceased from 9-28, 1940, to 10-4, 1940,  
that I last saw him alive on 10-4, 1940,  
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis Duration 11 mos.

Due to 2 1/2  
Due to 2 1/2

Other conditions Intestinal Tuberculosis  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy Confirms above

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 B. Friedman (M. D. or other) MD  
Address Koch Hosp, Kch, mo Date signed 10-7-40

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.....

working under my personal supervision.

Myself, Registered Apprentice No.....

Signed

Licensed Embalmer No.

P. O. Address

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.)

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