

STANDARD CERTIFICATE OF DEATH

State File No. **30054**
Registrar's No. **7393**

Registration District No. **791**

Primary Registration District No. _____

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:
1318a Benton St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community Nine Years /
years, months or days)

3. (a) PRINT John Dunham
FULL NAME

3. (b) If veteran, name war World War
3. (c) Social Security No. 494-05-7809

4. Sex Male 0 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Josephine
6. (c) Age of husband or wife if alive 40 years
7. Birth date of deceased Sept. 20 1899
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
41 11 7 hr. min.

9. Birthplace Morgentown, Indiana 1
(City, town, or county) (State or foreign country)

10. Usual occupation Upholsterer
11. Industry or business Artistic Furniture

12. Name David Dunham
13. Birthplace Indiana 1
(City, town, or county) (State or foreign country)
14. Maiden name Mary Franklin
15. Birthplace Indiana 1
(City, town, or county) (State or foreign country)

16. (a) Informant Josephine Dunham
(b) Address 1318a Benton St.
17. (a) Burial (b) Date thereof Sept 16 1941
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation National Cemetery

18. (a) Signature of funeral director Reiderwieden Fun. Home
(b) Address 1936 St. Louis Ave.
19. Sept 13 1941 (b) J. B. Bredbeck
(Date received at local health office) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis 26 17
(If outside city or town limits, write "RURAL")
(d) Street No. 1318a Benton St. 9
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country -- 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 12
year 1941 hour 7 minute 45 P.M.

21. I hereby certify that I attended the deceased from _____
_____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Shot wound - wound in chest self inflicted at his home 1318a Benton St. Duration
Due to on Sept 12, 1941, exact time unknown.

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations 164C 117

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Suicide
(b) Date of occurrence Sept 13, 1941
(c) Where did injury occur? St. Louis Mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
In Home
(Specify type of place)

23. Signature Thomas H. Callahan (M.D. or other)
Address Deputy Coroner Date signed 9/13/41

ST 61.6 NNC

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.....

Licensed Embalmer No.....

P. O. Address.....

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, fact should be so stated above.