

S. No. 2
M-1-4-41
v. 5-17-39
X26390
600
17
9

230
110

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED FEB 24 1942

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. _____

1. PLACE OF DEATH:

(a) County St. Louis,
(b) City or town St. Louis,
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Anthony's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis
(If outside city or town limits, write "RURAL") 169
(d) Street No. 3893a Utah Place
(If rural, give location) 0
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Caroline R. Dunlap

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

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

6. (b) Name of husband or wife William J. Dunlap 6. (c) Age of husband or wife if alive 80 years

7. Birth date of deceased November 22, 1866
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>75</u>	<u>1</u>	<u>11</u>	_____ hr. _____ min.

9. Birthplace Bridgeton, New Jersey
(City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business _____

12. Name Steven Burger
13. Birthplace Alsace Loraine, France
(City, town, or county) (State or foreign country)
14. Maiden name Regina Kaufman
15. Birthplace Alsace Laraine, France
(City, town, or county) (State or foreign country)

16. (a) Informant Wm. J. Dunlap
(b) Address 3893a Utah Place

17. (a) Burial (b) Date thereof 1/6/42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Bridgeton, N. J.

18. (a) Signature of funeral director John H. Kubben
(b) Address 2650 Gravois Av.

19. (a) _____ (b) J. F. Bruesch
(Date received local report) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 3
year 1942 hour 11:35 minute _____ A. M.

21. I hereby certify that I attended the deceased from Nov 1, 1941 to Jan 3, 1942
that I last saw him alive on Jan 3, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death elderly myocardial infarction Duration _____

Due to _____
Due to arteriosclerosis, atherosclerosis, coronary artery disease

Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations none
Of autopsy none
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) _____
(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? no

While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature W. H. Bruesch (M. D. or other) MD
Address 2218 S Grand Date signed 1-5-42

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

JAN 5 1942

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..... *Robert Gebken*

Licensed Embalmer No..... 4144

P. O. Address..... 2630 Gravois

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.