

FILED MAR 17 1942 7911

Registration District No.

Primary Registration District No.

1003

Registrar's No.

1. PLACE OF DEATH:

(a) County.....  
(b) City or town St. Louis, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
St. Vincent DePaul Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2 Days (Specify whether  
In this community 25 Years (Specify whether  
years, months or days)

3. (a) PRINT FULL NAME Clara C. Dunscombe

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

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced, widowed

6. (b) Name of husband or wife Edward Abeel Dunscombe 6. (c) Age of husband or wife if alive dead years

7. Birth date of deceased December 5 1868  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
73 2 13  
hr. min.

9. Birthplace Rayfield Ky Nil  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business None

12. Name John Lamb

13. Birthplace Unknown  
(City, town, or county) (State or foreign country)

14. Maiden name Unknown  
(City, town, or county) (State or foreign country)

15. Birthplace "  
(City, town, or county) (State or foreign country)

16. (a) Informant Eugene Ray McCracken

(b) Address 7340 So. Weston Ave. Chicago, Ill.

17. (a) burial (b) Date thereof Feb 20 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Ray Mullen

(b) Address 5041 Delmar Blvd.

19. (a) FEB 19 1942 (b) J. T. Bredeck  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 190  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4334 Washington Ave  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country Nil

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 18  
year 1942 hour 10P minute 10P M.

21. I hereby certify that I attended the deceased from November 20 40 to Feb 18 42  
that I last saw him alive on Feb 18 42 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Haemorrhage Duration 3 days

Arterio-sclerosis 5 years

Other conditions Chronic myocarditis 1 year  
(Include pregnancy within 3 months of death)

Major findings: Of operations 92 030

Of autopsy 92 030

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?

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

23. Signature J. Gallagher (M. D. or other) M.D.  
Address 3903 Olive Date signed 2/19/42

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

MOTHER FATHER

**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 *Howard F. Kaulman*

Licensed Embalmer No. *3114*

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.