DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 4 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

15677

State File No.

Registration District No. 1524 Primary Registration District No. 111 Registrar's No. 976

1. PLACE OF DEATH:
(a) County St Louis
(b) City or town RICHMOND HEIGHTS (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St Mary's Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 days (Specify whether In this community 8 days years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Illinois (b) County Madison
(c) City or town Collinsville (If outside city or town limits, write "RURAL")
(d) Street No. Bosky dells Place (If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Winfield W Dunham
3. (b) If veteran, name war No
3. (c) Social Security No. NONE
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Mary Ester
6. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased Oct (Month) 12 (Day) 1871 (Year)

8. AGE: Years	Months	Days	If less than one day
70	4	18	hr. min.

9. Birthplace Henry County (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Commission Merchant
11. Industry or business National Stock Yards.

FATHER
12. Name Jasper Dunham
13. Birthplace Covington (City, town, or county) Kentucky (State or foreign country)

MOTHER
14. Maiden name Julia Genoway
15. Birthplace (City, town, or county) Kentucky (State or foreign country)

16. (a) Informant's own signature B. A Dunham
(b) Address 1140 N 21st St. E. St. Louis
17. (a) Burial - Removal (Burial, cremation, or removal) (b) Date thereof April 30, 1942 (Month) (Day) (Year)
(c) Place: burial or cremation East St. Louis Illinois
18. (a) Signature of funeral director [illegible]
(b) Address East St Louis, Illinois
19. (a) APR 30 1942 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 30 year 1942 hour minute M.
21. I hereby certify that I attended the deceased from 4/22/42, 19 to 4/30/42, 19; that I last saw h[illegible] alive on 4/30/42, 19; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Myocarditis, Chronic Cirrhosis of the liver	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

938

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 Warren A Manion (M. D. or other)
Address 607 - N Broad Date signed 4/29/42

105 C (Licensed Embalmer's Statement on Reverse Side)

Rev. 5-17-39 1 x 19511

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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.....

C. G. Kurrus Jr, Registered Apprentice No.....

working under my personal supervision.

Signed C. G. Kurrus Jr

Licensed Embalmer No. 3162

P. O. Address E. St. Louis, Ill

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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STANDARD CERTIFICATE OF DEATH

State File No. 15677
Registrar's No. 976

State of MO

1. PLACE OF DEATH:
(a) County St Louis
(b) City or town Richmond Heights (If outside city or town limits, write RURAL)
(c) Name of hospital or institution: St Marys Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 days (Specify whether)
In this community 8 days (years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Ill (b) County Madison
(c) City or town Collinsville (If outside city or town limits, write RURAL)
(d) Street No. Bashydells Place (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) FULL NAME Winfield W. Dunbar
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife Mary
6. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased Oct. (Month) 12 (Day) 1871 (Year)

8. AGE: Years 70 | Months 4 | Days 18 | If less than one day hr. _____ min.

9. Birthplace _____ (City, town, or county) MO (State or foreign country)
10. Usual occupation _____
11. Industry or business _____
MOTHER FATHER
12. Name _____
13. Birthplace _____ (City, town, or county) Ky (State or foreign country)
14. Maiden name _____
15. Birthplace _____ (City, town, or county) Ky (State or foreign country)
16. (a) Informant's own signature _____
(b) Address _____
17. (a) _____ (Burial, cremation, or removal) (b) Date thereof _____ (Month) (Day) (Year)
(c) Place; burial or cremation _____
18. (a) Signature of funeral director _____
(b) Address _____
19. (a) _____ (Date received local registrar) (b) _____ (Registrar's signature)

MEDICAL CERTIFICATION

20. Date of death: Month April day 30
year 1942 hour _____ minute _____
21. I hereby certify that I attended the deceased from 4-22, 1942 to 4-30, 1942
that I last saw him alive on 4-30-42, 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death Myocarditis
Chronic Cirrhosis of the liver
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations _____
Of autopsy _____

Duration
93d

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 _____ (M. D. or other)
Address _____ Date signed 5-6

8-6917

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