

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
OCT 6 1942 18

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

State File No. 28675
Registrar's No. 7890

Registration District No. Primary Registration District No. 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:
5345 Maffit Ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. (Specify whether)
In this community Lifetime
years, months or days

3. (a) PRINT FULL NAME William Armstrong Dunham

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, widowed 2
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years
7. Birth date of deceased June 2 1870
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
72 3 19 hr. min.

9. Birthplace St. Louis Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Accountant

11. Industry or business

12. Name Morel Dunham
13. Birthplace Brunswick N. J. 1
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant (b) Address 5345 Maffit Ave
17. (a) Cremation (b) Date thereof 9 23 42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla

18. (a) Signature of funeral director Wagoner Und. Co
(b) Address 3621 Olive St.

19. (a) SEP 22 1942 (b) J. P. Brudeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL") 9
(d) Street No. 5345 Maffit (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September 21
year 1942 hour 2:15 minute P. M.

21. I hereby certify that I attended the deceased from 1935
to Sept. 21, 1942
that I last saw him alive on Sept 21, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary
and coronary
Due to Arteriosclerosis
Due to Aortic Non-syphilitic
Other conditions
(Include pregnancy within 6 months of death)
Major findings:
Of operations
Of autopsy

Duration
1 day
years

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) hc
(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 J. P. Brudeck (M. D. or other)
Address 3621 Olive St. Date signed 9-22-42

Dr J. Fred W. Leland
864 Harrison Ave

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 T. Sangster

Licensed Embalmer No.

4390

P. O. Address

St. Louis, Mo.

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, fact should be so stated above.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 28675
Registrar's No. 7890

Registration District No. 318

Primary Registration District No. 1003

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:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community.....
years, months or days)

3. (a) PRINT FULL NAME William Armstrong Durham

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

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

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

7. Birth date of deceased.....
(Month) (Day) (Year)

8. AGE: Years 72 Months 3 Days 19
If less than one day, by..... min.

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

10. Usual occupation.....

11. Industry or business.....

12. Name.....

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

14. Maiden name.....

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

16. (a) Informant Miss Florence Rickert

(b) Address.....

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

(c) Place: burial or cremation.....

18. (a) Signature of funeral director.....

(b) Address.....

19. (a) OCT 23 1942 (b) J. F. Brudick
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State..... (b) County.....
(c) City or town.....
(If outside city or town limits, write "RURAL")
(d) Street No.....
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... day.....
year..... hour..... minute..... M.

21. I hereby certify that I attended the deceased from.....
19.....
that I last saw him..... alive on..... 19.....
and that death occurred on the date and hour stated above.
Immediate cause of death.....

Due to.....

Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....

Of autopsy.....

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.....

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

SUPPLEMENTARY

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

1. The first part of the document is a list of names and addresses of the members of the committee. The names are listed in alphabetical order, and the addresses are given in full. The list is as follows:

Mr. J. H. Smith, 123 Main St., New York, N. Y.
Mr. J. D. Jones, 456 Elm St., New York, N. Y.
Mr. W. E. Brown, 789 Oak St., New York, N. Y.
Mr. R. L. Green, 101 Pine St., New York, N. Y.
Mr. S. K. White, 202 Cedar St., New York, N. Y.
Mr. T. M. Black, 303 Maple St., New York, N. Y.
Mr. U. N. Gray, 404 Birch St., New York, N. Y.
Mr. V. P. Hall, 505 Spruce St., New York, N. Y.
Mr. W. Q. King, 606 Ash St., New York, N. Y.
Mr. X. R. Lee, 707 Hickory St., New York, N. Y.
Mr. Y. S. Clark, 808 Walnut St., New York, N. Y.
Mr. Z. T. Adams, 909 Chestnut St., New York, N. Y.
Mr. A. B. Baker, 1010 Elm St., New York, N. Y.
Mr. C. D. Carter, 1111 Oak St., New York, N. Y.
Mr. E. F. Evans, 1212 Pine St., New York, N. Y.
Mr. G. H. Fisher, 1313 Cedar St., New York, N. Y.
Mr. I. J. Gibson, 1414 Maple St., New York, N. Y.
Mr. K. L. Hall, 1515 Birch St., New York, N. Y.
Mr. M. N. Hill, 1616 Spruce St., New York, N. Y.
Mr. O. P. King, 1717 Ash St., New York, N. Y.
Mr. Q. R. Lee, 1818 Hickory St., New York, N. Y.
Mr. S. T. Clark, 1919 Walnut St., New York, N. Y.
Mr. U. V. Adams, 2020 Chestnut St., New York, N. Y.
Mr. W. X. Baker, 2121 Elm St., New York, N. Y.
Mr. Y. Z. Carter, 2222 Oak St., New York, N. Y.
Mr. A. B. Evans, 2323 Pine St., New York, N. Y.
Mr. C. D. Fisher, 2424 Cedar St., New York, N. Y.
Mr. E. F. Gibson, 2525 Maple St., New York, N. Y.
Mr. G. H. Hall, 2626 Birch St., New York, N. Y.
Mr. I. J. Hill, 2727 Spruce St., New York, N. Y.
Mr. K. L. King, 2828 Ash St., New York, N. Y.
Mr. M. N. Lee, 2929 Hickory St., New York, N. Y.
Mr. O. P. Clark, 3030 Walnut St., New York, N. Y.
Mr. Q. R. Adams, 3131 Chestnut St., New York, N. Y.
Mr. S. T. Baker, 3232 Elm St., New York, N. Y.
Mr. U. V. Carter, 3333 Oak St., New York, N. Y.
Mr. W. X. Evans, 3434 Pine St., New York, N. Y.
Mr. Y. Z. Fisher, 3535 Cedar St., New York, N. Y.
Mr. A. B. Gibson, 3636 Maple St., New York, N. Y.
Mr. C. D. Hall, 3737 Birch St., New York, N. Y.
Mr. E. F. Hill, 3838 Spruce St., New York, N. Y.
Mr. G. H. King, 3939 Ash St., New York, N. Y.
Mr. I. J. Lee, 4040 Hickory St., New York, N. Y.
Mr. K. L. Clark, 4141 Walnut St., New York, N. Y.
Mr. M. N. Adams, 4242 Chestnut St., New York, N. Y.
Mr. O. P. Baker, 4343 Elm St., New York, N. Y.
Mr. Q. R. Carter, 4444 Oak St., New York, N. Y.
Mr. S. T. Evans, 4545 Pine St., New York, N. Y.
Mr. U. V. Fisher, 4646 Cedar St., New York, N. Y.
Mr. W. X. Gibson, 4747 Maple St., New York, N. Y.
Mr. Y. Z. Hall, 4848 Birch St., New York, N. Y.
Mr. A. B. Hill, 4949 Spruce St., New York, N. Y.
Mr. C. D. King, 5050 Ash St., New York, N. Y.
Mr. E. F. Lee, 5151 Hickory St., New York, N. Y.
Mr. G. H. Clark, 5252 Walnut St., New York, N. Y.
Mr. I. J. Adams, 5353 Chestnut St., New York, N. Y.
Mr. K. L. Baker, 5454 Elm St., New York, N. Y.
Mr. M. N. Carter, 5555 Oak St., New York, N. Y.
Mr. O. P. Evans, 5656 Pine St., New York, N. Y.
Mr. Q. R. Fisher, 5757 Cedar St., New York, N. Y.
Mr. S. T. Gibson, 5858 Maple St., New York, N. Y.
Mr. U. V. Hall, 5959 Birch St., New York, N. Y.
Mr. W. X. Hill, 6060 Spruce St., New York, N. Y.
Mr. Y. Z. King, 6161 Ash St., New York, N. Y.
Mr. A. B. Lee, 6262 Hickory St., New York, N. Y.
Mr. C. D. Clark, 6363 Walnut St., New York, N. Y.
Mr. E. F. Adams, 6464 Chestnut St., New York, N. Y.
Mr. G. H. Baker, 6565 Elm St., New York, N. Y.
Mr. I. J. Carter, 6666 Oak St., New York, N. Y.
Mr. K. L. Evans, 6767 Pine St., New York, N. Y.
Mr. M. N. Fisher, 6868 Cedar St., New York, N. Y.
Mr. O. P. Gibson, 6969 Maple St., New York, N. Y.
Mr. Q. R. Hall, 7070 Birch St., New York, N. Y.
Mr. S. T. Hill, 7171 Spruce St., New York, N. Y.
Mr. U. V. King, 7272 Ash St., New York, N. Y.
Mr. W. X. Lee, 7373 Hickory St., New York, N. Y.
Mr. Y. Z. Clark, 7474 Walnut St., New York, N. Y.
Mr. A. B. Adams, 7575 Chestnut St., New York, N. Y.
Mr. C. D. Baker, 7676 Elm St., New York, N. Y.
Mr. E. F. Carter, 7777 Oak St., New York, N. Y.
Mr. G. H. Evans, 7878 Pine St., New York, N. Y.
Mr. I. J. Fisher, 7979 Cedar St., New York, N. Y.
Mr. K. L. Gibson, 8080 Maple St., New York, N. Y.
Mr. M. N. Hall, 8181 Birch St., New York, N. Y.
Mr. O. P. Hill, 8282 Spruce St., New York, N. Y.
Mr. Q. R. King, 8383 Ash St., New York, N. Y.
Mr. S. T. Lee, 8484 Hickory St., New York, N. Y.
Mr. U. V. Clark, 8585 Walnut St., New York, N. Y.
Mr. W. X. Adams, 8686 Chestnut St., New York, N. Y.
Mr. Y. Z. Baker, 8787 Elm St., New York, N. Y.
Mr. A. B. Carter, 8888 Oak St., New York, N. Y.
Mr. C. D. Evans, 8989 Pine St., New York, N. Y.
Mr. E. F. Fisher, 9090 Cedar St., New York, N. Y.
Mr. G. H. Gibson, 9191 Maple St., New York, N. Y.
Mr. I. J. Hall, 9292 Birch St., New York, N. Y.
Mr. K. L. Hill, 9393 Spruce St., New York, N. Y.
Mr. M. N. King, 9494 Ash St., New York, N. Y.
Mr. O. P. Lee, 9595 Hickory St., New York, N. Y.
Mr. Q. R. Clark, 9696 Walnut St., New York, N. Y.
Mr. S. T. Adams, 9797 Chestnut St., New York, N. Y.
Mr. U. V. Baker, 9898 Elm St., New York, N. Y.
Mr. W. X. Carter, 9999 Oak St., New York, N. Y.