

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38660

State File No.

FILED JAN -5 1943 818

Registration District No.

Primary Registration District No.

1003

Registrar's No.

10846

1. PLACE OF DEATH:

(a) County.....
(b) City or town..... St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... 1 hr. 10 mins.
(Specify whether
In this community..... 1 hr. 10 mins.
years, months or days)

3. (a) PRINT FULL NAME Baby 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, single
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased..... Dec 25 1942
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
1 hr. 10 min.

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

10. Usual occupation..... Infant

11. Industry or business.....

12. Name Ervin Dunham
13. Birthplace St. Charles
(City, town, or county) (State or foreign country)
14. Maiden name Patricia Perry
15. Birthplace Barba Atchich
(City, town, or county) (State or foreign country)

16. (a) Informant..... Ervin Dunham
(b) Address 817 Chambers St.

17. (a) Burial (b) Date thereof 12-29-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Johns Cem

18. (a) Signature of funeral director..... W. J. Heidner and Co.

(b) Address 222 St. Louis Ave.

19. (a) DEC 28 1942 (b) J. F. Budack
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 817 Chambers St.
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 26,
year 1942 hour 1:00 minute A. M.

21. I hereby certify that I attended the deceased from December 25, 19 42 to December 26, 19 42;
that I last saw him alive on December 26, 19 42;
and that death occurred on the date and hour stated above.

Immediate cause of death.....

Pneumonia

Due to.....

Due to.....

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

Major findings:
Of operations.....

Of autopsy.....

Duration

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?

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

23. Signature W. J. Heidner (M. D. or other).....

Address 1515 Lafayette Avenue Date signed 12/26/42

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 not or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed

Herbert L. Pender

Licensed Embalmer No.

3367

P. O. Address

2223 St. Louis

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.