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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

8533

State File No.

LED MAR 20 1943

Registration District No. 818 Primary Registration District No. 1003 Registrar's No. 2270

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:
Isolation Hospital 3 (enroute)
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 4 mos. 7 das
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 006

(a) State Missouri (b) County 12

(c) City or town St. Louis 920
(If outside city or town limits, write "RURAL")

(d) Street No. 2717 N. Leffingwell Ave
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Patricia Ann Lunsford

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 child 0

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

7. Birth date of deceased Oct. 31, 1942
(Month) (Day) (Year)

8. AGE: Years 0 Months 4 Days 7 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

FATHER
12. Name William Lunsford
13. Birthplace Wynne (City, town, or county) Mo 0 (State or foreign country)

MOTHER
14. Maiden name Virginia Rea
15. Birthplace Waterloo (City, town, or county) Iowa 1 (State or foreign country)

16. (a) Informant William Lunsford
(b) Address 2717 N. Leffingwell Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-10-'43 (Month) (Day) (Year)
(c) ~~Place: burial or cremation~~ removal Wynne, Mo.

18. (a) Signature of funeral director Goodhart & Goodhart
(b) Address 2228 St. Louis Ave

19. (a) MAR 9 1943 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 8
year 1943 hour 9 minute A M.

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

	Duration
Immediate cause of death	
Broncho-Pneumonia	
Due to Measles	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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 James J. Fitzsimmons (M. D. or other)
Address 1300 Clark Ave Date signed

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No. 2077

P. O. Address St Louis, Mo

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.