

FILED APR 10 1943 18

Registration District No.

Primary Registration District No.

1003

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

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:
Lutheran Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... 5 days

In this community..... Unknown (Specify whether years, months or days)

3. (a) PRINT FULL NAME..... Andrew C. Dunlap

3. (b) If veteran, name war..... No

3. (c) Social Security No..... 335-10-3268

4. Sex..... Male

5. Color or race..... White

6. (a) Single, widowed, married, divorced..... Married

6. (b) Name of husband or wife..... Agnes Dunlap

6. (c) Age of husband or wife if alive..... 65 years

7. Birth date of deceased..... August 20, 1880
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>62</u>	<u>7</u>	<u>11</u>hr.....min.

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

10. Usual occupation..... Foreman of American Steel

11. Industry or business..... Fdry's of Hammond, Ind.

12. Name..... John R. Dunlap

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

14. Maiden name..... Lavenia Faddas

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

16. (a) Informant..... Agnes Dunlap

(b) Address..... 6222 Jackson Ave., Hammond, Ind.

17. (a) Burial (b) Date thereof..... 4 5 43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... Mt. Hope Cemetery

18. (a) Signature of funeral director..... Walter Hildebrand, Ind. Co.

(b) Address..... 3634 Gravois Avenue

19. (a) APR 2 1943 (b) J. J. Braseck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Indiana (b) County.....

(c) City or town..... Hammond,
(If outside city or town limits, write "RURAL")

(d) Street No..... 6222 Jackson Avenue
(If rural, give location)

(e) Citizen of foreign country?..... -- (Yes or No)
If yes, name country..... 2

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... April day..... 1
year..... 1943 hour..... 10 minute..... 45 A.M.

21. I hereby certify that I attended the deceased from..... March 25 1943 to..... April 1, 1943
that I last saw him alive on..... April 1, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death..... Acute Coronary Thrombosis Duration..... 5 days

Due to.....

Due to.....

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

Major findings:
Of operations.....

Of autopsy..... Coronary occlusion with infarct in heart muscle

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)

(e) Means of injury..... 0

23. Signature..... St. Louis Schuchet (M. D. or other)

Address..... 2200 Chateau on Date signed..... 4-2-43

MOTHER FATHER

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 Wheeler*
Licensed Embalmer No..... *2128*
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.