

REC APR 13 1943

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County St. Louis, Mo.  
(b) City or town St. Louis, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Homer Phillips Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2 days (Specify whether years, months or days)  
In this community 24 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1537 So. 2nd St. (If rural, give location)  
(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME William Dunlap

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

4. Sex Male 5. Color or race Negro 6. (a) Single, widowed, married, divorced Widower

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

7. Birth date of deceased: December 27, 1865  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
77 2 29 hr. min.

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

10. Usual occupation Nil

11. Industry or business \_\_\_\_\_

12. Name Alec Dunlap

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

14. Maiden name Anna Eatman

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

16. (a) Informant Shirley M. Smith

(b) Address 2601 N. Whittier

17. (a) BURIAL (b) Date thereof 4 1st 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation father unknown

18. (a) Signature of funeral director A. H. Dunlap

(b) Address 1619 So. 3rd St.

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 26, year 1943 hour 2 minute 35 P. M.

21. I hereby certify that I attended the deceased from March 24, 1943, to March 26, 1943

that I last saw him alive on March 26, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death: Hypertensive Heart Disease Chr. Nephritis  
Unk. Unk.

Due to \_\_\_\_\_

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature S. E. Smith (M. D. or other) \_\_\_\_\_

Address Howellville Date signed 3/29/43

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 me, or by.....

*my self*....., Registered Apprentice No.....  
working under my personal supervision.

Signed..... *W. H. Hensley Jr*.....

Licensed Embalmer No. *2266*.....

P. O. Address *2812 Thomas St*.....

**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.**