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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 12 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 7051

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

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: Park Lane
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000 17

(c) City or town St. Louis 6 9
(If outside city or town limits, write "RURAL")

(d) Street No. 5752 Wabada Ave.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Cecile E Dunnam

3. (b) If veteran, name war No

3. (c) Social Security No. No.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Gerald

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

7. Birth date of deceased August 25, 1923 (Month) (Day) (Year)

8. AGE: Years 19 Months 11 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 Home.

11. Industry or business

FATHER
12. Name Thomas P Ryther
13. Birthplace Miller Co. (City, town, or county) Missouri 0 (State or foreign country)

MOTHER
14. Maiden name Mary Christeson
15. Birthplace (City, town, or county) Mo. 0 (State or foreign country)

16. (a) Informant Thomas P Ryther
(b) Address 5752 Wabada Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/6/1943 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove Cem.

18. (a) Signature of funeral director Shepar d Fun Home.
(b) Address 1167 Hamilton Ave.

19. (a) 8/4/1943 (Date received local registrar) (b) J. F. Brodeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 2nd. year 1943 hour 10 minute 22P.M.

21. I hereby certify that I attended the deceased from Aug 2, 1943 to Aug 2, 1943 that I last saw er alive on Aug 2, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Acute Dilatation of Heart	32Min.
Due to Mitral Stenosis	4yrs.
Acute Appendicitis	1day
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations Appendicitis
Of autopsy None made.

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 John D Hayward (M. D. or other)
Address Metropolitan Bldg. Date signed 8/2/43

(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.....

P. O. Address.....

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.