

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33047

State File No.

Registrar's No. 9581

FILED NOV 10 1943 318

Primary Registration District No.

1. PLACE OF DEATH:

(a) County **St. Louis**
(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **1120 Kentucky Ave.**
(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**

3. (a) PRINT FULL NAME **Mary Dunham**

3. (b) If veteran, name war. **None** 3. (c) Social Security No. **N11**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Cyrus Dunham** 6. (c) Age of husband or wife if alive **57** years
7. Birth date of deceased **August 27 1891**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
52 2 2 hr. min.

9. Birthplace **Sullivan Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business **Fred Daud**

12. Name **Unknown** 13. Birthplace **Michigan**
(City, town, or county) (State or foreign country)

14. Maiden name **Eileen Bohler** 15. Birthplace **Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Cyrus Dunham**
(b) Address **1120 Kentucky Ave.**

17. (a) **Burial** (b) Date thereof **10/31/43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Anutt, Missouri**

18. (a) Signature of funeral director **Albert H. Hoppe Inc.**
(b) Address **4700 Washington Blvd.**

19. (a) **NOV 1 1943** (b) **J. F. Boudier**
(Date received by registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **17**
(c) City or town **St. Louis** (If outside city or town limits, write "RURAL")
(d) Street No. **1120 Kentucky Ave.** (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country **0**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct** day **29**
year **1943** hour **3:20** minute **P.** M.

21. I hereby certify that I attended the deceased from **October 2 1943**, to **October 28 1943**
that I last saw her alive on **October 28 1943**
and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma of Stomach**
involving Pyloric End of Stomach

Due to **HB**

Due to **HB**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **No operation other than**
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) (e) Means of injury

23. Signature **Oscar D. Meyer** (M. D. or other)
Address **4579 Emory Rd** Date signed **10/30/43**

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

NOV 24 1940

1896

1896

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 Albert G. Hippe
Licensed Embalmer No. 2971
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.