

FILED JUL 26 1944

318

1003

Registrar's No. **6369**

Registration District No. _____

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:
DE PAUL HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 18 DAYS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ST. LOUIS
(c) City or town CARSONVILLE
(If outside city or town limits, write "RURAL")
(d) Street No. 8727 LINK AVE
(If rural, give location) N.R.
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME F. UNICE ANITA DUNHAM

3. (b) If veteran, name war - NO 3. (c) Social Security No. XXXX

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife FRANK DUNHAM 6. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased JANUARY-28-1901
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
43 5 17 hr. - min

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

10. Usual occupation AT HOME

11. Industry or business _____

12. Name SIDNEY B. COOLEY

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

14. Maiden name JENNIE RACHEL JUSTICE

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

16. (a) Informant Frank C. Dunham

(b) Address 46 HARTNET AVE

17. (a) BURIAL (b) Date thereof JULY-20-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MEMORIAL PARK CEM.

18. (a) Signature of funeral director Parker and Co

(b) Address WEBSTER GRAYES MO

19. (a) JUL 19 1944 (b) J. F. Bradek
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 15
year 1944 hour _____ minute 10⁰⁰ P.M.

21. I hereby certify that I attended the deceased from 6-12 1944 to July 15 1944
that I last saw her alive on July 15 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Outstanding embolism
Due to Spasms of vessels of sept heart extremely

Other conditions ///
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy _____

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 W. E. Moore MD (M. D. or other) MD
Address 730 1/2 National Bridge Rd Date signed 2-18-44

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

OCT 6 1944

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

Leslie Welch

Registered Apprentice No. *362*

working under my personal supervision.

Signed *Leslie Welch*

Licensed Embalmer No. *1332*

P.O. Address *Webster Groves 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.