S. No. 2
M—8-43
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 28 1944

Registration District No. 3 7

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 28735

Primary Registration District No. 6076

Registrar's No. 1745

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Jefferson Barracks (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Veterans' Administration Facility (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Adm. July 6, 1944 (Specify whether In this community 14-years. years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town Richmond Heights (If outside city or town limits, write "RURAL")
(d) Street No. 1005 South Big Bend Road, (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country - -

3. (a) PRINT FULL NAME DUNHAM, Richard E.

3. (b) If veteran, name war W.W. #1

3. (c) Social Security No. 338-10-1134

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Mrs. Margaret E. Dunham,

6. (c) Age of deceased wife if alive 46-yrs. years

7. Birth date of deceased March (Month) 16, (Day) 1900 (Year)

8. AGE: Years 44 | Months 5 | Days 0 | If less than one day hr. - - min.

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

10. Usual occupation Salesman

11. Industry or business - -

FATHER
12. Name David E. Dunham
13. Birthplace St. Johns New Brunswick, (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Lucy Oliver,
15. Birthplace Indiana (City, town, or county) (State or foreign country)

16. (a) Informant M. Schilling Cl.Clk.,
(b) Address Vets.Adm.Fac., Jeff.Brks., Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-18-44 (Month) (Day) (Year)
(c) Place: burial or cremation VALHALLA CEM.

18. (a) Signature of funeral director Bellingham Brothers
(b) Address 7504 Woodson Rd. Overland, Mo.

19. (a) AUG 19 1944 (Date received local registrar) (b) C. L. McFarren, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 16th year 1944 hour 9:08 minute P.M. M.

21. I hereby certify that I attended the deceased from July 6, 1944 to August 16, 1944 that I last saw him alive on August 16, 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death BANTI'S DISEASE	UNKNOWN
Due to - -	
Due to - -	
Other conditions LEUKOPENIA. (Include pregnancy within 3 months of death)	UNKNOWN

Major findings: Of operations August 7, 1944, - SPLENECTOMY.
Of autopsy Autopsy performed - See cause of death.

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) No
(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.A. GERMAN, M.D., (M. D. or other)
Address Chief Medical Officer, Date signed 8-17-44

707

(Licensed Embalmer's Statement on Reverse Side)

SEP 27 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.....,

..... Registered Apprentice No.....,

working under my personal supervision.

Signed W. G. Peterson

Licensed Embalmer No. #3767

P. O. Address Overland 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.