

FILED NOV 1944

318

Primary Registration District No. 1003

State File No. 8971

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:
St Anthony Hosp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 6 Days
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State PA (b) County 999
(c) City or town St. Louis SOUTH FORK
(If outside city or town limits, write "RURAL") 36
(d) Street No. South Fork Penn
(If rural, give location) NR
(e) Citizen of foreign country? 2 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mary Louise Dunmire
3. (b) If veteran, name war No 3. (c) Social Security No. No

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Oct day 21
year 1944 hour 8.30 PM minute _____ M.
21. I hereby certify that I attended the deceased from Oct 13
1944 to Oct 21 1944
that I last saw her alive on Oct 21 1944
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Roy 6. (c) Age of husband or wife if alive 60 years

Immediate cause of death
Urinary Suppression
myocarditis chd
Due to Following fulgeration
Cancer of Bladder in Oct 19, 1944
Due to _____
Other conditions (Include pregnancy within 3 months of death) 52

8. AGE: Years 53 Months 5 Days 26 If less than one day _____ hr. _____ min.

9. Birthplace Unknown (City, town, or county) (State or foreign country) 9
10. Usual occupation Housework
11. Industry or business at home

Major findings:
Of operations As to autopsy - revealed
Cancer of bladder urinary
Of autopsy Cancer of bladder, metastases
to lymph nodes abdomen & Pelvic

12. Name Unknown Barrett
13. Birthplace France (City, town, or county) (State or foreign country) 3
14. Marital name Unknown
15. Birthplace France (City, town, or county) (State or foreign country) 5

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? _____

16. (a) Informant Roy Dunmire
(b) Address South Fork Penn
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10 25 44
(Month) (Day) (Year)
(c) Place: burial or cremation South Fork Penn

23. Signature Paul Brown (M. D. or other) MD
Address 115 St Paul Brown Bldg Date signed Oct 22 44
While at work? _____ (Specify type of place) (c) Means of injury _____

18. (a) Signature of funeral director KRIEGSHAUSER
(b) Address 4228 So. Kingshighway
19. (a) OCT 23 1944 (b) J. Stedell
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

copy of file

Dr Warner
St Anthony Hosp

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..... *Edwin J Mc Dermott*

Licensed Embalmer No. *3024*

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.

To Whom It May Concern:

I hereby swear that Mary Louise Dunmire of 3439a
Shenandoah, St. Louis died at St. Anthony's Hospital
Oct. 21st, 1944 at the age of 53 years, 5 months,
and 26 days instead of 59 years, 5 months and 26
days, since she was born on April 25th, 1891
instead of April 25th, 1885 as originally mistated.

Frank G. Lamb

Son of the deceased

City of St. Louis
State of Missouri

Subscribed and sworn to before me
this 28th day of December 1944

Edwin M. McHenry

My term expires June 21, 1947

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MEMBER BYCK INC

32231

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