

THE STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No.

11171

3981

FILED MAY 12 1945

Registration District No.

818

Primary Registration District No.

1003

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis, Mo  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution Saint Louis Maternity Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 hr 45 min  
In this community 1 hr 45 min  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Infant Male Dunham

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced 0  
6. (b) Name of husband or wife  
6. (c) Age of husband or wife if alive April 19, 1945  
7. Birth date of deceased April 19, 1945  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
2 hr 45 min

9. Birthplace St. Louis, Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

12. Name Harry C. Dunham

13. Birthplace New Richmond, Ohio  
(City, town, or county) (State or foreign country)

14. Maiden name Jean Knier

15. Birthplace Essex, Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Saint Louis Maternity Hosp

(b) Address 630 S. Kingshighway

17. (a) Anatomical Board Date thereof APR 30 1945  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Anatomical Board

18. (a) Signature of funeral director W. Richter

(b) Address 3500 Rutgers

19. (a) APR 24 1945 (Date received)

J. F. Busch (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 7104 Pershing Avenue  
(If rural, give location)  
(e) Citizen of foreign country? 1 (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 19  
year 1945 hour 7 minute 40 A.M.

21. I hereby certify that I attended the deceased from April 19, 5:55 A.M., 1945, to April 19, 1945  
that I last saw him alive on April 19, 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death Prematurity  
Partial detachment of Placenta  
Due to Prematurity  
Due to Partial detachment of Placenta

Other conditions Premature rupture of fetal membranes  
(Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy 154

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?

While at work? (Specify type of place) (e) Means of injury

23. Signature Richard Padolsky (M. D. or other)

Address 4500 Olive St.

Date signed 4-20-45

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

MOTHER FATHER

5/4/45

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**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.**