

No. 2
-1747
-17-39

FILED MAY 14 1947
318

Registration District No. Primary Registration District No. **1003** Registrar's No. **1620**

1. PLACE OF DEATH:

(a) County.....

(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Homer G Phillips Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **1 mo**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County.....

(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")

(d) Street No. **1820 Cole**
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME **Claybourne Dungey**

3. (b) If veteran, name war.....

3. (c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **1**
year **1947** hour **2** minute **50 P.**

21. I hereby certify that I attended the deceased from **4-5**, 19 **47**, to **5-1**, 19 **47**
that I last saw h. **im** alive on **May 1**, 19 **47**
and that death occurred on the date and hour stated above.

4. Sex **Male** 5. Color or race **Col**

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

6. (b) Name of husband or wife **Naomi Dungey**

6. (c) Age of husband or wife if alive **Unk** years

7. Birth date of deceased **Oct. 11th 1875**
(Month) (Day) (Year)

Immediate cause of death **Bronchogenic Carcinoma**

Duration **Undet.**

Due to.....

Due to.....

Other conditions **None**
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day

71 6 20 hr. min.

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

10. Usual occupation **Laborer**

11. Industry or business.....

12. Name **Dandridge Dungey**

13. Birthplace **Ala.**
(City, town, or county) (State or foreign country)

14. Maiden name **Cassie Jamerson**

15. Birthplace **Ala.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Elizabeth Rhodes**
(b) Address **2601 N. Whittier**

17. (a) **Burial** (b) Date thereof **May 7, 1947**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Greenwood Cem**

18. (a) Signature of funeral director **English Und Co**
(b) Address **2931 Lucha Ave**

19. (a) **MAY 6 1947** (b) **J. F. Bredenk**
(Date received local registrar) (Registrar's signature)

PHYSICIAN

Underline the cause of which death should be charged statistically.

Major findings:
Of operations.....

Of autopsy: **NO**

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 **0**

23. Signature **Edward D. Williams** (M.D. or other)
Address **2601 N Whittier** Date signed **5/3/47**

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

MOTHER FATHER

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 *Burleson English*

Licensed Embalmer No. *4208*

P. O. Address. *2931 Lucas, Ark*

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.