S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 25 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

318

State File No. 15019

Registration District No.
Primary Registration District No. 1003 Registrar's No. 3900

1. PLACE OF DEATH:
(a) County
(b) City or town S Louis (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Park Lane Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 Days Specify whether
In this community 6 Days years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town Saint Louis (If outside city or town limits, write "RURAL")
(d) Street No. 1119 Canaan Ave (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME CLIFFORD JOSEPH DUNHAM JR
Dunham, Clifford Joseph
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased 4-9-1947 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
—	—	6	hr. — min.

9. Birthplace St Louis (City, town, or county) MO (State or foreign country)
10. Usual occupation None
11. Industry or business —
FATHER
12. Name Clifford Dunham Sr.
13. Birthplace St Louis (City, town, or county) Mo (State or foreign country)
MOTHER
14. Maiden name Wanda McCullough
15. Birthplace St Louis (City, town, or county) Mo (State or foreign country)
16. (a) Informant Clifford Dunham Sr
(b) Address 1119 Cannan Ave
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4 15 47 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Hill Cemetery
18. (a) Signature of funeral director Jos. W. Clark.
(b) Address 1125 Hodiamont Ave
19. (a) APR 15 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 14 year 47 hour 11 AM minute M.
21. I hereby certify that I attended the deceased from April 9, 1947, to April 14, 1947; that I last saw him alive on April 14, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death Possible Cord Hem (due to prolonged labor) caused Cerebral Hemorrhage

Duration

Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy No

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)
(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 [illegible] (M. D. or other)
Address [illegible] Date signed 4/14/47.

(Licensed Embalmer's Statement on Reverse Side)

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 Alfred J. Boedeker

Licensed Embalmer No. 2663

P. O. Address 1125 Hodiamont Ave

N O Embalming.

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.