

S. No. 2
M-5-43
5-17-39
X35678

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35678

State File No. _____

FILED NOV 3 1947 318

1003

Registrar's No. 9773

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH:

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Crawford
 (c) City or town Steeleville
(If outside city or town limits, write "RURAL")
 (d) Street No. None
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Jamet Louise Dulany
 3. (b) If veteran, name war No 3. (c) Social Security No. No
 4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced Single
 6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive None years
 7. Birth date of deceased Oct. 20 1947
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 20 year 1947 hour 6 minute 15 P M.
 21. I hereby certify that I attended the deceased from Birth 19____ to 19____;
 that I last saw her alive on 6:30 P.M. Oct. 20, 1947 and that death occurred on the date and hour stated above.

8. AGE: Years _____ Months _____ Days _____ If less than one day
1 hr. hr. min.

Immediate cause of death atelectasis Duration 1 hr.

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

Due to _____
 Due to _____
 Other conditions _____
(Include pregnancy within 3 months of death)

10. Usual occupation None

11. Industry or business None

MOTHER FATHER
 12. Name James Walter Dulany
 13. Birthplace Salem Missouri
(City, town, or county) (State or foreign country)
 14. Maiden name Marjorie Marie Nichols
 15. Birthplace Steeleville Missouri
(City, town, or county) (State or foreign country)

PHYSICIAN
 Major findings:
 Of operations _____
 Of autopsy _____
 Underline the cause to which death should be charged statistically.

16. (a) Informant Mr. & Mrs. James Dulany

(b) Address Steeleville Missouri

17. (a) Burial (b) Date thereof 10-21-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Steeleville, Mo.

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.

19. (a) Oct 21 1947 (b) J. F. Bredenk
(Date received local registrar) (Registrar's signature)

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 L. E. Walsh (M. D. or other) M.D.
 Address 4030 Chouteau Date signed 10/20/47

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

009042

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..... No. Embalm

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.