. No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED OCT 24 1947
Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH
Primary Registration District No. 1003

State File No. 35681
Registrar's No. 9395

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

1. PLACE OF DEATH:
(a) County
(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: Missouri Pacific# Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 Days (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 1919 S. Grand Blvd. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Lenora Dunham
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 Married
6. (b) Name of husband or wife Herbert E. Dunham
6. (c) Age of husband or wife if alive 64 years
7. Birth date of deceased April 12th, 1885 (Month) (Day) (Year)

8. AGE: Years 62 | Months 5 6 | Days 26 | If less than one day hr. min.

9. Birthplace St. Louis, Mo. (City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business

MOTHER
12. Name Richard E. Schrick
13. Birthplace St. Louis, Mo. (City, town, or county) (State or foreign country)

FATHER
14. Maiden name Lenora Krueger
15. Birthplace St. Louis, Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Herbert E. Dunham
(b) Address 1919 S. Grand Blvd.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 11th, 1947 (Month) (Day) (Year)
(c) Place: burial or cremation Lake Charles Cem
18. (a) Signature of funeral director Kraeger-Voss
(b) Address 3402 N. Kingshighway
19. (a) OCT 10 1947 (Date received local registrar) (b) J. A. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 8
year 1947 hour 10 minute 45 P. M.
21. I hereby certify that I attended the deceased from October 7, 1947 to October 8, 1947
that I last saw her alive on October 8, 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Hemorrhage	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause of 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
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 John M. Ellis Jr. (M. D. or other)
Address Mo. Pacific Hospital Date signed 8 Oct. 47

Jefferson City Printing Co.
(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 John L. Kennedy

Licensed Embalmer No. 4194

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.