No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 39607

FILED DEC 15 1947

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 11048

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

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: ST. JOHNS HOSP
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 0 (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County 17

(c) City or town ST. LOUIS 9
(If outside city or town limits, write "RURAL")

(d) Street No. 1533 A UNION 0
(If rural, give location)

(e) Citizen of foreign country? 6 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME KAREN DUNSFORD

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F 1

5. Color or race W

6. (a) Single, widowed, married, divorced 0

6. (b) Name of husband or wife

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

7. Birth date of deceased NOV-26-1947
(Month) (Day) (Year)

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

9. Birthplace ST. LOUIS - MO
(City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

FATHER
12. Name LEROY DUNSFORD 0
13. Birthplace ST. LOUIS - MO
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name MARY PARKER 0
15. Birthplace ST. LOUIS - MO
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. LeRoy Dunsford
(b) Address 1533 A Union

17. (a) BURIAL (b) Date thereof 12-3-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY CEM

18. (a) Signature of funeral director L. B. Tanner
(b) Address 6107 Natural Bridge

19. (a) DEC 2-1947 (b) J F Breddick
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 1
year 1947 hour 8 minute 00 P. M.

21. I hereby certify that I attended the deceased from birth
, 19, to 12-1, 1947
that I last saw h alive on 12-1, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Congenital Heart Disease

Due to Improper conduction mechanism

Due to

Other conditions Partial Atalectasis
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

157

Duration

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

(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? 0
(Specify type of place)

While at work (e) Means of injury

23. Signature Joseph A. Hardy (M. D. or other) WW

Address 4952 Maryland Date signed 12/2/47

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.....Not Embalmed

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.