FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED FEB 9 1948
Registration District No.

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3063

State File No. 3390

Registrar's No. 295

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town [redacted] Clayton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 7912 Kingsbury Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community Lifetime
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis, 96
(c) City or town University City, Clayton 1
(If outside city or town limits, write "RURAL")
(d) Street No. 7912 Kingsbury Ave., 3
(If rural, give location) 0
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Harvey G. Dunham
3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Margaret J. Dunham
6. (c) Age of husband or wife if alive 64 years
7. Birth date of deceased May 24, 1876 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
71	8	7	hr. min.

9. Birthplace St. Louis, Missouri, Co (City, town, or county) (State or foreign country)
10. Usual occupation Retired Food Broker,
11. Industry or business
MOTHER FATHER
12. Name John S. Dunham,
13. Birthplace Hebron, Connecticut, (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Emily Peckham,
15. Birthplace New York, (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Mary D. Colt,
(b) Address 7912 Kingsbury Ave.,
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 2/2/48 (Month) (Day) (Year)
(c) Place: burial or cremation Bellefontaine Cem.
18. (a) Signature of funeral director Wagoner Mortuary
(b) Address 4161 Lindell Blvd.
19. (a) 2-2-48 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 31
year 1948 hour 6 minute A.M.
21. I hereby certify that I attended the deceased from Jan. 12, 1948 to Jan 31, 1948; that I last saw h[redacted] alive on Jan 30 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Bronchopneumonia	4 days
Due to Mediastinitis	7 days
Due to Carcinoma of Oesophagus	2-3 mo
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 46
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
(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) 0
While at work? (e) Means of injury

23. Signature Keith S. Wilson (M. D. or other) M.D.
Address 4957 Maryland Date signed 1-30-48

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

Dr. K.S. Wilson
4952 Maryland.

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 R. T. Sangster

Licensed Embalmer No. 4290

P. O. Address St Louis M

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.

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