

UNITED STATES DEPARTMENT OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

24241

Registration District No.

Primary Registration District No.

Registrar's No.

6874

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: Homer G. Phillips Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 8 days (Specify whether
 In this community 3 yrs years, months or days)

3. (a) PRINT FULL NAME Parthenia Dunlap3. (b) If veteran,
name war

3. (c) Social Security No.

4. Sex Female 5. Color Negro 6. (a) Single, widowed, married,
 divorced Married
 6. (b) Name of husband or wife Louis Dunlap 6. (c) Age of husband or wife if
 alive 35 years
 7. Birth date of deceased Feb 23 1916
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
32 5 9 hr. min.

9. Birthplace West Point Miss.
(City, town, or county) (State or foreign country)10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER { 12. Name Arthur Conway
 13. Birthplace West Point Miss.
 (City, town, or county) (State or foreign country)
 14. Maiden name Unknown
 15. Birthplace West Point Miss.
 (City, town, or county) (State or foreign country)

16. (a) Informant Kelly Conway(b) Address 1239 Valentine17. (a) St. Louis (b) Date thereof Aug. 8, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation East St. Louis, Illinois18. (a) Signature of funeral director J. J. Briggles(b) Address 1239 Valentine19. (a) AUG 5 - 1948 (b) J. J. Briggles
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County anc
 (c) City or town St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1120 N Sarah
 (If rural, give location)
 (e) Citizen of foreign country? (Yes or No)
 If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 13
 year 1948 hour 2 minute 50 A.M.

21. I hereby certify that I attended the deceased from
July 23, 19 48 to August 1, 19 48
 that I last saw him alive on August 1, 19 48
 and that death occurred on the date and hour stated above.

Immediate cause of death Thyrototoxicosis Duration Unk
Pelvic Abscess - No pregnancy Unk
 Due to cause not known

Due to

Other conditions
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations

- Of autopsy

PHYSICIAN

Underline
 the cause to
 which death
 should be
 charged sta-
 tistically.

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) (c) Means of injury

23. Signature J. L. Daniels (M. D. or unl)
 Address 2601 N Whittier Date signed 8-2-48

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 Me

_____, Registered Apprentice No. _____
working under my personal supervision.

Signed Ben H. Baldwin

Licensed Embalmer No. 2420

P. O. Address East St. Louis

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.