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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 31 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 41889

Registration District No. 317

Primary Registration District No. 3063

Registrar's No. 2W-A

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

6
2
3

1. PLACE OF DEATH:

(a) County St. Louis County

(b) City or town Clayton
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Louis County 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 17 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis Co.

(c) City or town Wellston
(If outside city or town limits, write "RURAL")

(d) Street No. 1445 Cockrill
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME William Dunlap

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Lottie Carter

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

7. Birth date of deceased July (Month) 28 (Day) 1893 (Year)

8. AGE: Years 55 Months 3 Days 26 If less than one day hr. min.

9. Birthplace Memphis (City, town, or county) Tenn. (State or foreign country)

10. Usual occupation None

11. Industry or business None

FATHER
12. Name Joe Dunlap
13. Birthplace (City, town, or county) Tenn. (State or foreign country)

MOTHER
14. Maiden name Josie Mitchell
15. Birthplace (City, town, or county) Tenn. (State or foreign country)

16. (a) Informant St. Louis County Hospital
(b) Address Clayton, Mo.

17. (a) E St Louis (Burial, cremation, or removal) (b) Date thereof Nov. 26. 1948 (Month) (Day) (Year)
(c) Place: burial or cremation

18. (a) Signature of funeral director Robins Funeral Home
(b) Address E St Louis, Ill

19. (a) 11-29-48 (Date received local registrar) (b) Thurd F Lunnigan (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 26
year 1948 hour 7 minute A. M.

21. I hereby certify that I attended the deceased from Nov. 26, 1948, to Nov. 26, 1948; that I last saw him alive on Nov. 26, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Heart Failure	
Due to Chronic asthma Cor pulmonale	
Due to	
Other conditions Mycosis fungiodes of skin (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to 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)
While at work? — (e) Means of injury —

23. Signature H. Wattler (M. D. ~~or other~~)
Address 601 S. Brentwood, Clayton Date signed

(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.....Frank Prokopf.....

Licensed Embalmer No.....4356.....

P. O. Address.....St Louis, Mo.....

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.