S. No. 300
v. 10-48

FILED MAR 19 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9984

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 2165

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

2 1

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St Louis
c. LENGTH OF STAY (in this place): 30 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Missouri Pacific Hos.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Mo
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St Louis
d. STREET ADDRESS (If rural, give location): 1920a Franklin

3. NAME OF DECEASED (Type or Print): a. (First) John b. (Middle) c. (Last) Dunlap

4. DATE OF DEATH (Month) (Day) (Year): 3-5-49

5. SEX: m
6. COLOR OR RACE: col
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: 7-24-1882
9. AGE (In years last birthday): 66 — IF UNDER 1 YEAR: Months 7 Days 11 — IF UNDER 1 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Car Cleaner
10b. KIND OF BUSINESS OR INDUSTRY: Rail Road
11. BIRTHPLACE (State or foreign country): Columbus - Miss.
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: John Dunlap
13b. MOTHER'S MAIDEN NAME: Sarah — ?
14. NAME OF HUSBAND OR WIFE: Emma J. Dunlap

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: 703-03-3070
17. INFORMANT'S SIGNATURE OR NAME: Emma Dunlap — ADDRESS: 1920a Franklin

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: Sudden

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerotic Heart Disease — Years
DUE TO (c): 930

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Urethral Stricture — Years

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 4250
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3/4, 1949, *to* 3/5, 1949, *that I last saw the deceased alive on* 3/5, 1949, *and that death occurred at* 735 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Leland E. Hosts MD
23b. ADDRESS: Mo. Pac. Hosp
23c. DATE SIGNED: 3/6/49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3/10/49
24c. NAME OF CEMETERY OR CREMATORY: Washington Park
24d. LOCATION (City, town, or county) (State): St Louis Co. Mo

DATE REC'D BY LOCAL REGS.: MAR 8
REGISTRAR'S SIGNATURE: J. B. Lasater
25. FUNERAL DIRECTOR'S SIGNATURE: Peoples Undco — ADDRESS: 3100 Franklin

(Licensed Embalmer's Statement on Reverse Side)

MAR 8 1949

Embalmer separate Cert. filed

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 .....

..... Student Embalmer No. .....,

working under my personal supervision.

Signed.....

Signed.....
Student Embalmer

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.