

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25631

State File No.

FILED AUG 2 1949

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 1517

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jefferson Barracks, Mo.</u>		c. LENGTH OF STAY (In this place) <u>JB. Hosp.</u>	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis, Missouri</u>		d. STREET ADDRESS (If rural, give location) <u>1051 N. Hill Lane</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Vet. Adm. Hosp.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>ROBERT</u>		b. (Middle) <u>L.</u>	
c. (Last) <u>DUNHAM</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 23 1949</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Separated</u>	8. DATE OF BIRTH <u>11-25-1910</u>
9. AGE (In years last birthday) <u>38</u>		10. IF UNDER 1 YEAR Months <u>--</u> Days <u>--</u> IF UNDER 24 HRS. Hours <u>--</u> Min. <u>--</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>--</u>	
11. BIRTHPLACE (State or foreign country) <u>St. Louis, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Eugene Dunham</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Ridgeway</u>	
14. NAME OF HUSBAND OR WIFE <u>Dorothy L. Dunham</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes Army</u>		16. SOCIAL SECURITY NO. <u>494-05-2111</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Eugene F. Nolan, Registrar</u>		ADDRESS <u>Vet. Adm. Hosp. Jeff. Brks., Mo.</u>	
MEDICAL CERTIFICATION			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, assthenia, etc. It means the disease, injury, or complication which caused death.</i>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Coronary Occlusion</u>	
		INTERVAL BETWEEN ONSET AND DEATH <u>Unknown</u>	
		ANTECEDENT CAUSES	
		DUE TO (b) <u>Amputation, left leg, Below Knee; 1/31/49, for arterial thrombosis.</u>	
		DUE TO (c) <u>Arterial medial calcification</u>	
		II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> <u>--</u>	
19a. DATE OF OPERATION <u>1-31-49</u>		19b. MAJOR FINDINGS OF OPERATION <u>Arterial thrombosis and secondary venous thrombosis.</u>	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>--</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>--</u>	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>--</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>--</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR <u>--</u>			
22. I hereby certify that I attended the deceased from <u>Jan. 28, 1949</u> , to <u>June 23, 1949</u> , that I last saw the deceased alive on <u>June 23, 1949</u> , and that death occurred at <u>12:25P m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>D. L. STREICHER, M.D.</u>		23b. ADDRESS <u>Vet. Adm. Hosp. Jeff. Brks., Mo. 6-24-49</u>	
23c. DATE SIGNED <u>June 27, 1949</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cemetery</u>	
24b. DATE <u>June 27, 1949</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>6-27-49</u>		REGISTRAR'S SIGNATURE <u>Herkert R. Donkey</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>C. HOFFMEISTER</u>		ADDRESS <u>U&L Co., 7814 S.B'way, St. Louis, Mo.</u>	

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

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.

Student
Student Embalmer

Signed

Harry J. Schomacher

Licensed Embalmer, No. *2679*

P. O. Address *174 T. Boulevard*

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.