

FILED JUL 31 1950

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

24714
 State File No. 6387
 Registrar's No.

BIRTH NO.		REG. DIST. NO. 318	PRIMARY REG. DIST. 1003	Registrar's No.
1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY		
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis Missouri		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis 2249
d. FULL NAME OF HOSPITAL OR INSTITUTION Borch Memorial		d. STREET ADDRESS (If rural, give location) 3904 So. Main St.		
3. NAME OF DECEASED (Type or Print) a. (First) Mabel b. (Middle) Gilbert c. (Last) Dunning		4. DATE OF DEATH 7-24-50		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept. 5, 1910	9. AGE (In years last birthday) Months Days Hours Min. 39 10 19
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY N. W.	11. BIRTHPLACE (State or foreign country) McNair County Tennessee	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME B. H. Sanders		13b. MOTHER'S MAIDEN NAME Roxie Hurst	14. NAME OF HUSBAND OR WIFE Consett Dunning	
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. 415-26-7001	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Dixie Mayhild 825 Shure Memphis Tenn	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Squamous Cell Carcinoma of Cervix Uteri			INTERVAL BETWEEN ONSET AND DEATH Unknown
	2. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c)			
19a. DATE OF OPERATION 7-24-50		19b. MAJOR FINDINGS OF OPERATION Carcinoma of Cervix Uteri		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 171A	
22. I hereby certify that I attended the deceased from 7-12 , 19 50 , to 7-24 , 19 50 , that I last saw the deceased alive on 7-24 , 19 50 , and that death occurred at 3:05 P. m. , from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) Arthur Neapher, M.D.		23b. ADDRESS 3805 So Broadway		23c. DATE SIGNED 7-24-50
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE 7-25-50	24c. NAME OF CEMETERY OR CREMATORY Ramer, Tenn.		24d. LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL REG. JUL 25 1950		REGISTRAR'S SIGNATURE J. B. Sasater		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe, 4700 Washington Blvd

(Licensed Embalmer's Statement on Reverse Side)

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

2889

STATEMENT BY LICENSED EMBALMER

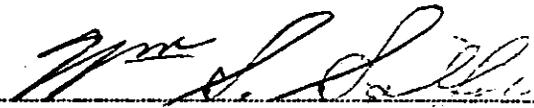
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed



Licensed Embalmer No. 4699

P. O. Address St. Charles, 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.