

FILED MAY 31 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18949

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>6076</u>		Registrar's No. <u>2167</u>	
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>Wellston</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Ferguson</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1952 Kienlin Ave.</u>				d. STREET ADDRESS (If rural, give location) <u>1051 N. Hills Lane</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Eugene</u>		b. (Middle) <u>L.</u>		c. (Last) <u>Dunham</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>May 11, 1951</u>		5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>Oct. 22, 1885</u>		9. AGE (In years last birthday) <u>65</u>		10. MONTHS <u>6</u>		11. DAYS <u>29</u>	
12a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Sheet Metal</u>				12b. KIND OF BUSINESS OR INDUSTRY <u>Stove Mfg.</u>			
13a. FATHER'S NAME <u>Louis F. Dunham</u>				13b. MOTHER'S MAIDEN NAME <u>Laura F. LaBar</u>			
14. NAME OF HUSBAND OR WIFE <u>Mary P. Dunham</u>				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>			
16. SOCIAL SECURITY NO. <u>?</u>				17. INFORMANT'S SIGNATURE OR NAME <u>Mary P. Dunham</u> ADDRESS <u>Ferguson, Mo.</u>			
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. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cause unknown</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>unk</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>o</u>		20. AUTOPSY? YES ☐ NO ☒		795.5	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>o</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>o</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) <u>5:30 PM</u>		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Herbert P. Lankford</u> (Degree or title) <u>o</u>				23b. ADDRESS <u>651 S. Brentwood, Clayton, Mo.</u>		23c. DATE SIGNED <u>5-14-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5/14/51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Co. Mo.</u>	
DATE REC'D BY LOCAL REG. <u>5-14-51</u>		REGISTRAR'S SIGNATURE <u>Herbert P. Lankford M.D.</u>		FUNERAL DIRECTOR'S SIGNATURE <u>White Chapel</u>		ADDRESS <u>Ferguson, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

L. M. White

Licensed Embalmer No. *397.3*

P. O. Address

Ferguson, S.C.

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.