

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38936

FILED DEC 1 1951

State File No. 10076

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|---|--|--|--|---|--|---|--|
| BIRTH NO. | | REG. DIST. NO. 318 | | PRIMARY REG. DIST. NO. 1003 | | Registrar's No. 10076 | |
| 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 MO | | c. LENGTH OF STAY (In this place) 1 WK | | c. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS | | 2239 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION CITY HOSPITAL #1 | | | | d. STREET ADDRESS (If rural, give location) 2705 ACCOMAC - 4 | | | |
| 3. NAME OF DECEASED (Type or Print) William | | a. (First) | | b. (Middle) EDWARD DUNHAM | | c. (Last) | |
| 5. SEX MO | | 6. COLOR OR RACE W | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE | | 8. DATE OF BIRTH MAY 6 1901 | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NIGHT WATCHMAN | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (State or foreign country) ARKANSAS | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |
| 13a. FATHER'S NAME FOSTER DUNHAM | | 13b. MOTHER'S MAIDEN NAME VIVA ARINGTON | | 14. NAME OF HUSBAND OR WIFE MAUDE BRUCE | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO | | 16. SOCIAL SECURITY NO. 495-14-3685 | | 17. INFORMANT'S SIGNATURE OR NAME VIVIAN ARINGTON | | ADDRESS 2705 ACCOMAC | |
| 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. | | | | MEDICAL CERTIFICATION | | | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage | | | | INTERVAL BETWEEN ONSET AND DEATH 6 days | | | |
| ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Syphilis | | | | 7 yrs | | | |
| DUE TO (c) | | | | | | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | | | | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) m. | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? 331X | | | |
| 22. I hereby certify that I attended the deceased from 11-4, 1951, to 11-10, 1951, that I last saw the deceased alive on 11-10, 1951, and that death occurred at 11:02 A.M., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE Charles E. Smith | | | | 23b. ADDRESS 1515 LAFAYETTE | | 23c. DATE SIGNED 11/11/51 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL | | 24b. DATE 11-11-51 | | 24c. NAME OF CEMETERY OR CREMATORY POPLAR BLUFF, MO. | | 24d. LOCATION (City, town, or county) (State) | |
| DATE REC'D BY LOCAL REG. NOV 13 1951 | | REGISTRAR'S SIGNATURE J. Earl Smith, M.D. | | 25. FUNERAL DIRECTOR'S SIGNATURE Rowland Mortuary Service 3104 Manchester Ave. | | | |

(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 _____

working under my personal supervision.

Student Embalmer No.

Signed _____

Ben Hoffman

Signed

Student Embalmer

Licensed Embalmer No. *4366*

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.