

FILED FEB 11 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1003

State File No.

3039

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO.		Registrar's No. 0991	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) City St. Louis.				c. CITY (If outside corporate limits, write RURAL and give township) St. Louis.			
d. FULL NAME OF HOSPITAL OR INSTITUTION City Infirmary				d. STREET ADDRESS (If rural, give location) 5800 Arsenal St.			
3. NAME OF DECEASED (Type or Print)		a. (First) William		b. (Middle)		c. (Last) Dunlap.	
4. DATE OF DEATH (Month) (Day) (Year)		January 24, 1953					
5. SEX Male	6. COLOR OR RACE Col.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH May 10, 1901		9. AGE (In years last birthday) 51	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY National Foundry		11. BIRTHPLACE (City and State or Foreign Country) Miss.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME William Dunlap.		13b. MOTHER'S MAIDEN NAME Margaret Cherry		14. NAME OF HUSBAND OR WIFE Susie Dunlap			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 499-01-0964		17. INFORMANT'S SIGNATURE OR NAME City Infirmary Records			
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) Coronary Embolism ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Myocarditis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 4222			
22. I hereby certify that I attended the deceased from Nov. 10, 19 51 , to Jan. 24, 19 53 , and that death occurred at 1:55 P.M. , from the causes and on the date stated above.							
22a. SIGNATURE (Degree or title) Palmer Eugene Bowditch M.D.				23b. ADDRESS 5800 Arsenal St.		23c. DATE SIGNED 1-24-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 1/31/53		24c. NAME OF CEMETERY OR CREMATORY Washington Park		24d. LOCATION (City, town, or county) (State) St. Louis, Missouri	
DATE REC'D BY LOCAL REG. JAN 28 1953		REGISTRAR'S SIGNATURE J. Carl Smith		25. FUNERAL DIRECTOR'S SIGNATURE Atkins Bros. Und. Co. ADDRESS 3644 Finney Ave.			

(Licensed Embalmer's Statement on Reverse Side)

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

John R. Cunningham

Licensed Embalmer No. 4476

P. O. Address 4223 Enright Avenue

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.