

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

33133  
9208

State File No. \_\_\_\_\_  
Registrar's No. \_\_\_\_\_

FILED OCT 15 1953  
BIRTH NO. 64202 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>ILLINOIS</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) <u>ST. LOUIS, MO.</u>		c. LENGTH OF STAY (In this place) <u>8 days</u>	
c. CITY (If outside corporate limits, write RURAL and give township) <u>E. ST. LOUIS</u>		8120	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. LOUIS MATERNITY HOSPITAL</u>		d. STREET ADDRESS (If rural, give location) <u>1113 WALTER AVENUE</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Baby</u> b. (Middle) <u>Dianne</u> c. (Last) <u>DUNNIGAN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>9-23-53</u>	
5. SEX <u>GIRL</u>	6. COLOR OR RACE <u>NEGRO</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>9-15-53</u>
9. AGE (In years last birthday) <u>0</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) IF UNDER 1 YEAR Months <u>0</u> Days <u>7</u> Hours <u>6</u> Min <u>25</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		11. BIRTHPLACE (State or foreign country) <u>ST. LOUIS, MO.</u>	12. CITIZEN OF WHAT COUNTRY? <u>0</u>
13a. FATHER'S NAME <u>EARL (NMN) DUNNIGAN</u>		13b. MOTHER'S MAIDEN NAME <u>LODELL PARKER</u>	14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>EARL AND LODELL DUNNIGAN</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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Unknown - family refused</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>request for autopsy</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Jaundice</u> <u>Internal hemorrhage</u>	
18. CAUSE OF 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) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>771.0</u>	
22. I hereby certify that I attended the deceased from <u>9-15-1953</u> , to <u>9-23-1953</u> , that I last saw the deceased alive on <u>9-23-1953</u> , and that death occurred at <u>4:45 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>E. Thompson M.D.</u>		23b. ADDRESS <u>630 S. Kingshighway</u>	23c. DATE SIGNED <u>9-23-53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>9-24-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Booker Washington</u>	24d. LOCATION (City, town, or county) (State) <u>E. St. Louis, Ill.</u>
DATE REC'D BY LOCAL REG. SEP 24 1953	REGISTRAR'S SIGNATURE <u>J. Carl Smith M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>C. J. Nash</u> ADDRESS <u>3847 Page</u>	

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

*M. Frances Wash*

Signed .....

Student Embalmer

Licensed Embalmer No. 4434

P. O. Address 3847 Page

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.