

FILED APR 21 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13375**
Registrar's No. **3082**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
c. LENGTH OF STAY (In this place) Life		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Deaconess Hospital		e. STREET ADDRESS (If rural, give location) 5 6044 Washington Blvd.	

3. NAME OF DECEASED (Type or Print) a. (First) EMMA b. (Middle) -- c. (Last) DUNBRACCO			4. DATE OF DEATH (Month) (Day) (Year) April 5, 1954.		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH March 29, 1888		9. AGE (In years last birthday) 66		10. IF UNDER 1 YEAR: Days 11. IF UNDER 15 HRS: Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Henry County, Mo.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME Herman Buelتمان		13b. MOTHER'S MAIDEN NAME Elizabeth Waechter		14. NAME OF HUSBAND OR WIFE Nathan Dunbracco	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Miss Clara Buelتمان, 6044 Washington Blvd	

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) Capillary Sarcoma Ovary Carcinoma with of ovary with generalised abdominal and pulmonary metastasis		INTERVAL BETWEEN ONSET AND DEATH July, 1953 Nov, 1953	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUPLICATE (b) Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c)	

19a. DATE OF OPERATION Sept. 1953		19b. MAJOR FINDINGS OF OPERATION Same as 1a		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) 175X	
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?	

22. I hereby certify that I attended the deceased from **Jan 11, 1954**, to **April 4, 1954**, that I last saw the deceased alive on **April 4, 1954**, and that death occurred at **1:30 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Clara B. Wasto M.D.		23b. ADDRESS 4909 Lindenwood		23c. DATE SIGNED 4-5-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 4/7/54		24c. NAME OF CEMETERY OR CREMATORY St. Peters Cemetery	
24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Calvin F. Feutz, 4828 Natural Bridge Blvd.			

DATE REC'D BY LOCAL REG. **APR 6 1954** REGISTRAR'S SIGNATURE **Carl Smith** (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.....
Signature of Student Embalmer

Signed... *Ralph C. Janssen*

Licensed Embalmer No. *427*

P. O. Address *St. Louis*

**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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.**