

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **28447**

FILED SEP 13 1955

BIRTH NO.		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 547		Registrar's No. 2033			
1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Illinois b. COUNTY Madison					
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Richmond Heights)		c. LENGTH OF STAY (in this place) 11 days		c. CITY OR TOWN Granite City		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 St. Mary's Hospital				e. STREET ADDRESS (If rural, give location) 2801 Circle Dr.					
3. NAME OF DECEASED (Type or Print) a. (First) Perry			b. (Middle) Lynn		c. (Last) Dunlap		4. DATE OF DEATH (Month) (Day) (Year) Aug. 29, 1955		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married		8. DATE OF BIRTH June 20, 1955		9. AGE (In years last birthday) 2 Months 9 Days 9 Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None			10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (City and State or Foreign Country) Red Bud, Illinois			12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Van Dunlap			13b. MOTHER'S MAIDEN NAME Minyoun Mowers			14. NAME OF HUSBAND OR WIFE None			
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 Van Dunlap, 2801 Circle Dr.				
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) Myelomeningocele - Hydrocephalus.						INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____							
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Deafness							
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____						20. AUTOPSY? YES <input checked="" 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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 751X					
22. I hereby certify that I attended the deceased from 6-20 , 19 55 , to Aug. 29 , 19 55 , that I last saw the deceased alive on 8/29 , 19 55 , and that death occurred at 9:30p m., from the causes and on the date stated above.									
23a. SIGNATURE Frank A. Talazzo MD				23b. ADDRESS 4161 Lindell Blvd			23c. DATE SIGNED 8-29-55		
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 8-29-55		24c. NAME OF CEMETERY OR CREMATORY Local		24d. LOCATION (City, town, or county) Sparta, Ill.		(State) _____	
DATE REC'D BY LOCAL REG. 8/30/55		REGISTRAR'S SIGNATURE Herbert R. Domb MD			25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe, 4700 Washington Blvd.				

66.

(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..... *Robert M. Murray*

Licensed Embalmer No.....

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.