

FILED OCT 3 - 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **30782**  
Registrar's No. **7769**

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		State File No. <b>30782</b>		Registrar's No. <b>7769</b>			
1. PLACE OF DEATH a. COUNTY _____					2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>						
b. CITY (If outside corporate limits, write RURAL and give township) <b>ST. LOUIS</b>			c. LENGTH OF STAY (In this place) _____		c. CITY OR TOWN <b>Calverton Park</b>		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 <b>BARNES HOSPITAL</b>					e. STREET ADDRESS (If rural, give location) <b>1301 Hollins Drive</b>						
3. NAME OF DECEASED (Type or Print) a. (First) <b>ERNEST</b>			b. (Middle) <b>NMN</b>		c. (Last) <b>DUNFORD</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>9/3/55</b>				
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Aug. 11, 1884</b>		9. AGE (In years last birthday) <b>71</b>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>President</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Landis Shoe Mach. Co.</b>			11. BIRTHPLACE (City and State or Foreign Country) <b>Reading, England</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>			
13a. FATHER'S NAME <b>James W. Dunford</b>			13b. MOTHER'S MAIDEN NAME <b>Lydia Jane Pink</b>			14. NAME OF HUSBAND OR WIFE <b>Mary Jane Dunford</b>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. (If yes, give war or date of service) <b>492-09-0088</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Ernest Dunford, 1301 Hollins Dr.</b>							
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, ashenia, etc. It means the disease, injury, or complication which caused death.					MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of Pancreas with metastases</b>					INTERVAL BETWEEN ONSET AND DEATH <b>5 mos.</b>	
					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. _____						
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <b>157x</b>			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? _____						
22. I hereby certify that I attended the deceased from <b>Aug 24, 1955</b> , to <b>Sept 3, 1955</b> , that I last saw the deceased alive on <b>Sept 3, 1955</b> , and that death occurred at <b>6:15a m.</b> , from the causes and on the date stated above.											
23a. SIGNATURE <b>F. H. Bradley</b>					(Degree or title) <b>M. D.</b>		23b. ADDRESS <b>BARNES HOSPITAL</b>		23c. DATE SIGNED <b>9/3/55</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Rem oval</b>		24b. DATE <b>9-6-55</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Memorial Park Cemetery</b>			24d. LOCATION (City, town, or county) (State) <b>St. Louis Co., Mo.</b>				
DATE REC'D BY LOCAL REG. <b>SEP 6 1955</b>		REGISTRAR'S SIGNATURE <b>J. Earl Smith, M.D.</b>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Albert H. Hoppe, 4700 Washington Blvd.</b>						

M. D. B. (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. *137*.....

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.**