

STANDARD CERTIFICATE OF DEATH

FILED FEB 27 1956

State File No. \_\_\_\_\_

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BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____		
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>St. Louis</u>				
b. CITY OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN <u>Clayton</u>		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 <u>St. Lukes Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>332 Edgewood Dr.</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u> b. (Middle) <u>Vernor</u> c. (Last) <u>Dunbar</u>			4. DATE OF DEATH <u>Feb. 1, 1956</u> (Month) (Day) (Year)					
5. SEX <u>Male</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Jan. 29, 1896</u>		
9. AGE (in years last birthday) <u>60yrs</u>		IF UNDER 1 YEAR: MONTHS _____		IF UNDER 1 YEAR: DAYS _____		IF UNDER 12 HRS: HOURS _____ MIN. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Attorney</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Private Practice</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Detroit, Mich</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>George L. Dunbar</u>			13b. MOTHER'S MAIDEN NAME <u>Mabel Heap</u>			14. NAME OF HUSBAND OR WIFE <u>Mildred Hess Dunbar</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u>		(If yes, give war or dates of service) <u>WWI</u>		16. SOCIAL SECURITY NO. <u>491-16-4898</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Mildred H. Dunbar</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>Cerebral Hemorrhage (Pt. side of Brain)</u> <u>Cerebral Hemorrhage (Pt. side of Brain)</u> ANTECEDENT CAUSES <u>Gen'l Arteriosclerosis</u> <u>General Arterio Sclerosis</u> DUE TO (b) <u>Diabetes Mellitus</u> <u>Diabetes Mellitus</u> DUE TO (c) <u>Pul. T.B.</u> <u>Pulmonary Tuberculosis, 260XA</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u>  <u>16 yrs.</u> <u>16 years.</u>  <u>3 3/4 years</u>	
19a. DATE OF OPERATION <u>Nov. 10, 1955</u>		19b. MAJOR FINDINGS OF OPERATION <u>Excision of 1 Pt. upper lobe - (pneumectomy)</u> <u>Excision &amp; Irrigation of Pt. upper lobe (Pneumectomy)</u>					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? _____				
22. I hereby certify that I attended the deceased from <u>Feb. 28, 1956</u> , to <u>Feb. 1, 1956</u> , that I last saw the deceased alive on <u>Jan. 31, 1956</u> , and that death occurred at <u>2:45 a.m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>Hiram S. Liggett</u> <u>Hiram S. Liggett</u> M.D. M.D. (Degree or title)				23b. ADDRESS <u>3720 Washington</u> <u>3720 Washg. Blvd.</u>		23c. DATE SIGNED <u>Feb. 1, 1956</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Cremation</u>		24b. DATE <u>Feb. 2, 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Valhalla Crematory</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Co., Mo.</u>		
DATE REC'D BY LOCAL REG. <u>FEB 1 1956</u>		REGISTRAR'S SIGNATURE <u>J. Carl Smith M.D. G. Leander &amp; Sons</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>175 Helmer</u>			

S.P. (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 *Gas. E. McCulloch* .....

Licensed Embalmer No. *246*

P. O. Address *6175 D*

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.