300
48

FILED APR 12 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11695

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 541 Registrar's No. 890

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Clayton
c. LENGTH OF STAY (In this place): 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): County Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: St. Louis
c. CITY OR TOWN: 4336 University City
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]
e. STREET ADDRESS (If rural, give location): 627 Heman

3. NAME OF DECEASED (Type or Print)
a. (First): Albert
b. (Middle):
c. (Last): Dunson

4. DATE OF DEATH (Month) (Day) (Year): 3 - 30 - 56

5. SEX: male
6. COLOR OR RACE: Col.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced
8. DATE OF BIRTH: Nov 8, 1904
9. AGE (In years last birthday): 51
IF UNDER 1 YEAR: Months: ___ Days: ___
IF UNDER 24 HRS.: Hours: ___ Min.: ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Labor
10b. KIND OF BUSINESS OR INDUSTRY: Various
11. BIRTHPLACE (City and State or Foreign Country): Glenallen, Miss
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: John Wesley Dunson
13b. MOTHER'S MAIDEN NAME: Emma Hayes
14. NAME OF HUSBAND OR WIFE: Divorced

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 491-114-7269
17. INFORMANT'S SIGNATURE OR NAME: Laura Dunson Reed
ADDRESS: 1057 Suburban Drive

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Massive Intracerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 48 hr.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Skull fracture
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. E-9365

19a. DATE OF OPERATION: 48
19b. MAJOR FINDINGS OF OPERATION: Entire left cerebral hemisphere involved in massive Hemorrhage & clot.
20. AUTOPSY? YES [ ] NO [X]

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Street
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): St. Louis Co. Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 3-28-56 m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]
21f. HOW DID INJURY OCCUR?: Found lying unconscious on street

22. *I hereby certify that I attended the deceased from* 3-28, *1956, to* 3-30, *1956, that I last saw the deceased alive on* 3-30, *1956, and that death occurred at* 4:35 a. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Jack L. Hagadorn MD
23b. ADDRESS: 601 So. Brentwood
23c. DATE SIGNED: 3/30/56

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: April 6, 1956
24c. NAME OF CEMETERY OR CREMATORY: Oak Dale Cem
24d. LOCATION (City, town, or county) (State): St. Louis Mo

DATE REC'D BY LOCAL REG.: 4-2-56
REGISTRAR'S SIGNATURE: Herbert R. Domke MD
25. FUNERAL DIRECTOR'S SIGNATURE: F. A. Green
ADDRESS: 4214 Delmar

(Licensed Embalmer's Statement on Reverse Side)

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

Fe 1-7966

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed F. A. Green

Licensed Embalmer No. 296

P. O. Address 4214 Delmar

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.