

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **18616**
Registrar's No. **5089**

FILED JUN 7 1957
BIRTH NO. 33299-57 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Anthony Hspital		e. STREET ADDRESS (If rural, give location) 5179 Rosa Ave.	
3. NAME OF DECEASED (Type or Print) a. (First) Gerard b. (Middle) c. (Last) Dunsfordi		4. DATE OF DEATH (Month) (Day) (Year) 5/30/57	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH 5/29/57
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) nil		9b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 23 If under 1 year: Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) nil		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.
12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME Jbhn Dunsford	
13a. FATHER'S NAME		13b. MOTHER'S MAIDEN NAME Margaret Kingston	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME John Dunsford ADDRESS 5179 Rosa Ave.	
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) <u>anoxia @ e placental separation</u> INTERVAL BETWEEN ONSET AND DEATH <u>from Birth</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>due to placenta previa centralis</u> DUE TO (c) <u>marked prematurity 3 weeks</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION none		19b. MAJOR FINDINGS OF OPERATION 761.5	
20. AUTOPSY? 2 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) no	
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>5/29</u> , 19 <u>57</u> , to <u>5/30</u> , 19 <u>57</u> , that I last saw the deceased alive on <u>5/30</u> , 19 <u>57</u> , and that death occurred at <u>6:45P</u> m., from the causes and on the date stated above.	
23a. SIGNATURE Wm. J. Wolawa MD (Degree or title)		23b. ADDRESS 3809 W. Winton Ave	
23c. DATE SIGNED 5-31-57		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE 5/31/57		24c. NAME OF CEMETERY OR CREMATORY Calvary	
24d. LOCATION (City, town, or county) (State) St. Louis, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE E.J. Schnur ADDRESS 3125 Lafayette Ave.	
DATE REC'D BY LOCAL REG. MAY 31 57		REGISTRAR'S SIGNATURE J. Earl Smith M.D. <i>(Licensed Embalmer's Statement on Reverse Side)</i>	

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..

No Embalming

Student.....
Signature of Student Embalmer

Signed *E. J. Schuur*.....

Licensed Embalmer No.

P. O. Address *3/25 Lafa*

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.