

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26768

STATE FILE NUMBER

FILED JUL 22 1957

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 1721

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Clayton</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Overland 4250</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Louis Co. Hosp.</u>			Length of stay in ^{1b} <u>6 hrs.</u>	d. STREET ADDRESS (If outside, give location) <u>2901 Ashby Rd.</u>			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) <u>Christine Dunwell</u> <small>First Middle Last</small>				4. DATE OF DEATH <u>7 7 1957</u> <small>Month Day Year</small>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>June 8, 1891</u>		9. AGE (In years last birthday) <u>66</u>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (City and state or country) <u>Festus, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S. A.</u>	
13. FATHER'S NAME <u>William Greenlee</u>				14. MOTHER'S MAIDEN NAME <u>Nancy Porter</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT <u>Paul F. Dunwell</u>		Address <u>2901 Ashby, Overland, Mo</u>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Pulmonary Hemorrhage</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. <u>Carcinoma of hypopharynx</u> DUE TO (b) <u>147X</u> DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>Post. Tracheostomy, old. Gastrostomy, feeding - red</u>							INTERVAL BETWEEN ONSET AND DEATH <u>6 hrs.</u> <u>2 yrs.</u>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)				
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <u>7-7-57</u> to <u>7-7-57</u> and last saw her/him alive on <u>7-7-57</u> Death occurred at <u>8:25 p.m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>Jack L. Hagadorn, M.D.</u>				22b. ADDRESS <u>601 S. Brentwood Blvd.</u>		22c. DEDICATED <u>7/23/57</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>July, 11, 1957</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Mt. Lebanon, Cem.</u>		23d. LOCATION (City, town, or county) (State) <u>Patonville Mo.</u>		
24. FUNERAL DIRECTOR <u>Baumans Bros.</u>			ADDRESS <u>2504 Woodson Rd.</u>		25. DATE RECD. BY LOCAL REG. <u>7-9-57</u>	26. REGISTRAR'S SIGNATURE <u>Herbert R. Donke</u>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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

David C. Gibson

Licensed Embalmer No. *34*

P. O. Address *Overland*

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