

REVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED SEP 17 1957

STATE FILE NUMBER

33434

8086

Registration District No. 318 Primary Registration District 1003 Registrar's No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Illinois b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis 9/5 N. GRAND Yes ☐ No ☐		c. CITY OR TOWN Alton 8208 Inside Limits Yes ☐ No ☐	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION V.A. Hospital Length of stay in 1b		d. STREET ADDRESS (If outside, give location) 822 West 9th. St. Reside on Farm Yes ☐ No ☐	
3. NAME OF DECEASED (Type or print) First Middle Last Enoch J. Dunham		4. DATE OF DEATH Month Day Year Aug. 26, 1957	
5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH Nov. 19, 1889
9. AGE (In years last birthday) 67		10. IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter		10b. KIND OF BUSINESS OR INDUSTRY None	
11. BIRTHPLACE (City and state or country) Selma, Alabama		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13. FATHER'S NAME Thomas D. Dunham		14. MOTHER'S MAIDEN NAME Leola Taylor	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) Yes W. W. I		16. SOCIAL SECURITY NO. Unknown	
17. INFORMANT V. A. Hospital 915 N. Grand Ave.		Address	
18. CAUSE OF DEATH. (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary embolus DUE TO (b) Following operation for herniorrhaphy DUE TO (c) at Veterans Hosp. Aug 26, 1957 at 4:15 PM PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Accident INTERVAL BETWEEN ONSET AND DEATH 19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐			
20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) See above 560.5	
20c. TIME OF INJURY Hour Month, Day, Year 4:15 p.m. 8-26-57			
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) See above	
20f. CITY, TOWN, OR LOCATION St. Louis		COUNTY STATE	
21. I attended the deceased from _____, to _____ and last saw her alive on _____ Death occurred at 4:30 P. M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Name or title) James M. Kelly, M.D. Deputy		22b. ADDRESS 1300 Clark	
22c. DATE SIGNED 8-29-57			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 8/29/1957	
23c. NAME OF CEMETERY OR CREMATORY National Cemetery		23d. LOCATION (City, town, or county) Alton, Illinois (State)	
24. FUNERAL DIRECTOR G. Wade Granberry 4202 Finney		25. DATE RECD. BY LOCAL REG. AUG 29 57	
26. REGISTRAR'S SIGNATURE J. Earl Smith, M.D.			

(Licensed Embalmer's Statement on Reverse Side)

300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

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 *Leroy U. Bannister*

Licensed Embalmer No. 4523

P. O. Address 4251 Washin

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.