

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED SEP 17 1957

318

1003

33435  
STATE FILE NUMBER  
7974

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

1. PLACE OF DEATH a. COUNTY <b>AA-5-6-0-0-2-1</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Mo.</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>ST LOUIS</b>				Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>St. Louis</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Mo. Pacific Hospital</b>				Length of stay in lb <b>2 1/6</b>		d. STREET ADDRESS (If outside, give location) <b>3659 Phillips Lane</b>	
3. NAME OF DECEASED (Type or print) First <b>Herbert</b> Middle <b>Edward</b> Last <b>Dunham</b>				4. DATE OF DEATH Month <b>8</b> Day <b>24</b> Year <b>1977</b>			
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>11/26/1882</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Assistant Freight Agent Railroad</b>				10b. KIND OF BUSINESS OR INDUSTRY		9. AGE (In years last birthday) <b>74</b> IF UNDER 1 YEAR Months Days Hours Min.	
11. BIRTHPLACE (City and state or country) <b>Ill.</b>				12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>			
13. FATHER'S NAME <b>Louis F. Dunham</b>				14. MOTHER'S MAIDEN NAME <b>Lauer LaBgr</b>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>				16. SOCIAL SECURITY NO. <b>702-14-1002</b>		17. INFORMANT Address <b>Clytie Dunham (Wife) 3659 Phillips Lane</b>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Portal cirrhosis of liver</b>							INTERVAL BETWEEN ONSET AND DEATH <b>7 yr</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <b>Pylonephritis, Hemorrhagic cystitis</b>							19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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.) <b>581-0</b>				
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year							
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 <b>8-3-77</b> to <b>8-24-77</b> and last saw him alive on <b>8-24-77</b> Death occurred at <b>4:55 p.m.</b> on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <b>David E. Case, M.D.</b>				22b. ADDRESS <b>4909 Lindenwood</b>		22c. DATE SIGNED <b>8/25/77</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		23b. DATE <b>8/28/57</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Lake Charles CEM.</b>		23d. LOCATION (City, town, or county) (State) <b>St. Louis, Co., Mo.</b>	
24. FUNERAL DIRECTOR <b>Harry A. Kraeger, 222 Grandon Drive, Clayton 24, Mo.</b>				25. DATE RECD. BY LOCAL REG. <b>AUG 26 57</b>		26. REGISTRAR'S SIGNATURE <b>J. Earl Smith, M.D.</b>	

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 \_\_\_\_\_

Licensed Embalmer No. 419

P. O. Address St. Louis

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.