

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

58-023252
 State File No.

FILED JUN 24 1958

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 5899	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS		c. LENGTH OF STAY (In this place) 13. Yrs		c. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS		d. STREET ADDRESS (If rural, give location) 2746, A. Delmar Blvd	
d. FULL NAME OF HOSPITAL OR INSTITUTION HOMER G. PHILLIPS HOSPITAL							
3. NAME OF DECEASED (Type or Print) BENNIE		a. (First)		b. (Middle)		c. (Last) DUNBAR	
4. DATE OF DEATH (Month) (Day) (Year) 6 - 4 - 58		5. SEX MALE		6. COLOR OR RACE COL.		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, SEPARATED SEPARATED	
8. DATE OF BIRTH June 12 1909		9. AGE (In years last birthday) 48		IF UNDER 1 YEAR Months II Days 22		IF UNDER 1 HR. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Steam Laundry		11. BIRTHPLACE (City and State or Foreign Country) BUDORA / ARKANSAS		12. CITIZEN OF WHAT COUNTRY? U.S.A	
13a. FATHER'S NAME LEWIS DUNBAR			13b. MOTHER'S MAIDEN NAME JANE WILLIAMS			14. NAME OF HUSBAND OR WIFE BETTIE DUNBAR	
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 <i>Effie Brown</i>		ADDRESS 6, A. So. 21st St.	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CARDIO-VASCULAR RENAL DISEASE ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 442X				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 1:31 P.M. , from the causes and on the date stated above.							
23a. SIGNATURE <i>James M. Kelly</i>				23b. ADDRESS 1300 Clark		23c. DATE SIGNED 6-6-58	
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE 6 - 9 - 58		24c. NAME OF CEMETERY OR CREMATORY Washington Park cemetery		24d. LOCATION (City, town, or county) (State) ST. LOUIS Mo.	
DATE REC'D BY LOCAL REG. JUN 27 58		REGISTRAR'S SIGNATURE <i>J. Carl Smith</i>		FUNERAL DIRECTOR'S SIGNATURE <i>John J. Houston</i>		ADDRESS 2812, THOMAS Street	

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

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.....

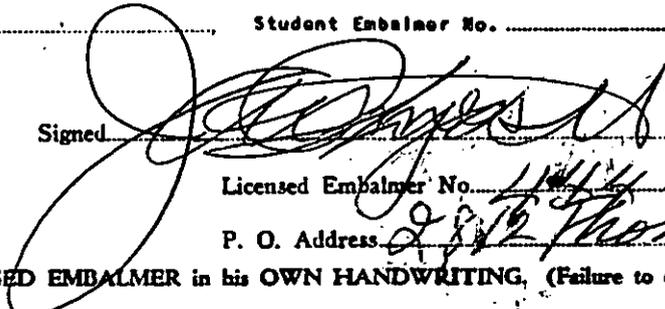
..... Student Embalmer No.

working under my personal supervision.

Student

Student Embalmer

Signed



Licensed Embalmer No. 14441

P. O. Address 2812 Thomas

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 this body is not embalmed, fact should be so stated above.