

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-041498

STATE FILE NUMBER

85373-58
FILED NOV 20 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10790

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|--|----------------------------------|---|---|
| 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, give TOWNSHIP only) OR TOWN ST. LOUIS | | c. CITY OR TOWN St. Louis | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. LOUIS CITY HOSPITAL 1. | | d. STREET ADDRESS (If outside, give location) 2636 St. Vincent St., | |
| 3. NAME OF DECEASED (Type or print) First SHERYL E. Middle YVONNE Last DUNHAM | | 4. DATE OF DEATH Month 11 Day 6 Year 1958 | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH November 2, 1958 |
| 9. AGE (In years last birthday) 4 | | 10. FUNDING YEAR Months 4 Days 1 Hours 1 Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None - Infant | | 10b. KIND OF BUSINESS OR INDUSTRY Nil | |
| 11. BIRTHPLACE (City and state or country) St. Louis, Missouri. | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |
| 13a. FATHER'S NAME William Dunham | | 13b. MOTHER'S MAIDEN NAME Wanda Dement | |
| 14. NAME OF HUSBAND OR WIFE Nil | | 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No Nil | |
| 16. SOCIAL SECURITY NO. None | | 17. INFORMANT William Dunham, 2636 St. Vincent Street. | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) atelectasis of Lungs Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Hemorrhage of Lungs DUE TO (c) 7710 | | | INTERVAL BETWEEN ONSET AND DEATH |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | | 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.) | |
| 20c. TIME OF INJURY Hour a.m. Month, Day, Year p.m. | | 20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE 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 1515 LAFAYETTE AVE. | |
| 21. I attended the deceased from 11-2-58 to 11-6-1958 and last saw her alive on 11-6-1958 Death occurred at 6:45 pm. on the date stated above; and to the best of my knowledge, from the causes stated. | | 22a. SIGNATURE W. Closeman, M.D. | |
| 22b. ADDRESS 1515 LAFAYETTE AVE. | | 22c. DATE SIGNED 11-6-1958 | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 23b. DATE 11-10-58 | 23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery | 23d. LOCATION (City, town, or county) (State) St. Louis County, Missouri. |
| 24. FUNERAL DIRECTOR Albert H. Hoppe, 4700 Washington Blvd. | | 25. DATE RECD. BY LOCAL REG. NOV 10 '58 | |
| 26. REGISTRAR'S SIGNATURE J. Earl Smith M.D. | | | |

(Licensed Embolmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *B. W. Wilkinson*

Licensed Embalmer No. *3571*

P. O. Address *A. L. Loring*

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.