

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-046724

STATE FILE NUMBER

FILED DEC 22 1958

Registration District No.

317

Primary Registration District No.

590

Registrar's No.

3249

1. PLACE OF DEATH a. COUNTY <b>St Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo</b> COUNTY <b>St Louis</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Wellston</b>		c. CITY OR TOWN <b>University City</b>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) <b>Rockwood Manor</b>		d. STREET ADDRESS (If outside, give location) <b>905 N 66th St</b>	
Length of stay in lb <b>2 mo</b>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <b>LULA DUNHAM</b>		4. DATE OF DEATH Month <b>12</b> Day <b>12</b> Year <b>58</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>5/12/88</b>
9. AGE (In years last birthday) <b>70</b>		10. IF UNDER 1 YEAR Months <b>0</b> Days <b>0</b> Hours <b>0</b> Min. <b>0</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Own Home</b>	
11. BIRTHPLACE (City and state or country) <b>Phelps Co Mo</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Ruhliford Roach</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Blue</b>	
14. NAME OF HUSBAND OR WIFE <b>Deceased</b>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, name or unknown) (If yes, give war or dates of service) <b>No</b>	
16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT Address <b>Millard Dunham 8968 Forest</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>Respiratory Failure</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Cerebral Anoxia</b> DUE TO (c) <b>Myocardial Failure</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		INTERVAL BETWEEN ONSET AND DEATH <b>5 min</b> <b>3 hours</b> <b>6 hours</b>	
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 <b>12:05 AM</b> Month, Day, Year		20d. INJURY OCCURRED WHILE AT <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>April 1958</b> to <b>Dec 12, 1958</b> and last saw her alive on <b>Dec 10, 1958</b> Death occurred at <b>12:05 AM</b> m on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <b>Martin Elgys, D</b> 2	
22b. ADDRESS <b>5307 Res. Hwy</b>		22c. DATE SIGNED	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>12/15/58</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>Oak Hill Cem.</b>		23d. LOCATION (City, town, or county) (State) <b>St. Louis Co Mo</b>	
24. FUNERAL DIRECTOR ADDRESS <b>Ortmann F Home 9222 Lackland</b> <b>Overland Mo</b>		25. DATE RECD. BY LOCAL REG. <b>12-12-58</b>	
26. REGISTRAR'S SIGNATURE <b>Herbert R. Donker, M.D.</b>		26. REGISTRAR'S SIGNATURE	

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms with death. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *W. C. Ostmann* .....

Licensed Embalmer No. *3478* .....

P. O. Address .....

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.