

FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-003340

FILED VS FEB 11 1960

INDEXED

Registration District No. _____		Primary Registration District No. _____		Registrar's 2 1260		STATE FILE NUMBER	
1. PLACE OF DEATH a. COUNTY _____ b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST LOUIS MO. c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION MASONIC HOME HOSP.				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY _____ c. CITY OR TOWN St. Louis d. STREET ADDRESS 5351 DELMAR			
3. NAME OF DECEASED (Type or print) LUCY First GRACE Middle DUNHAM Last				4. DATE OF DEATH 2 Month / 2 Day / 1960 Year			
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH OCT. 21 / 1871	
9. AGE (last birthday) 88 yr.		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY HOUSEWIFE		11. BIRTHPLACE (City and state or country) EUGENE INDIANA	
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME SAMUEL OLIVER		13b. MOTHER'S MAIDEN NAME EMMA NORTAN		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) none		16. SOCIAL SECURITY NO. none		17. INFORMANT Masonic Home Address 5351 Delmar Blvd.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: CA. OF STOMACH IMMEDIATE CAUSE (a) GENERALIZED ARTERIOSCLEROSIS Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c) 151+						INTERVAL BETWEEN ONSET AND DEATH UNKNOWN UNKNOWN	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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. _____ 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 3/21/59 to 2/2/60 and last saw her alive on 2/1/60 Death occurred at 7/45 AM on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Harold E. Walters M.D. (Degree title)				22b. ADDRESS 3720 WASHINGTON AVE.		22c. DATE SIGNED 2/2/60	
23a. BURIAL, CREMATION, REMOVAL (Specify) removal		23b. DATE 2-4-60		23c. NAME OF CEMETERY OR CREMATORY Val halla Cemetery		23d. LOCATION (City, town, or county) St. Louis Co., Missouri (State)	
24. FUNERAL DIRECTOR C.R. Lupton & Sons ADDRESS 7233 Delmar Blvd.		25. DATE RECD. BY LOCAL REG. FEB 3 1960		26. REGISTRAR'S SIGNATURE Carl Smith M.D.			

(Licensed Embalmer's Statement on Reverse Side)

m188

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Clarence H. Jones

Licensed Embalmer No. *4011*

P. O. Address *St. Louis*

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.