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|---|--|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>St. Louis</u>             |  | Length of stay in 1b  | c. CITY OR TOWN <u>St. Louis</u>  |
| c. FULL NAME OF (IF NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <u>2655 Rutger</u> |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | d. STREET ADDRESS (If outside, give location)<br><u>2655 Rutger</u>                   |
|   |  |   | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

|   |                                  |   |   |  |                                |
|---|----------------------------------|---|---|--|--------------------------------|
| 3. NAME OF DECEASED (Type or print)<br>First <u>George</u> Middle <u>E</u> Last <u>Dunsford</u>   |                                  |   | 4. DATE OF DEATH<br>Month <u>Dec</u> Day <u>20</u> Year <u>1960</u> |  |                                |
| 5. SEX<br><u>Male</u>   | 6. COLOR OR RACE<br><u>White</u> | 7. MARRIED <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><u>4/10/1880</u>                                | 9. AGE (last birthday)<br><u>80</u>                        | IF UNDER 1 YEAR<br>Months Days |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Firemen</u>                             |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>St. Louis Fire Dept</u>   | 11. BIRTHPLACE (City and state or country)<br><u>St. Louis Mo</u>   | 12. CITIZEN OF WHAT COUNTRY<br><u>USA</u>                  |                                |
| 13a. FATHER'S NAME<br><u>George Dunsford</u>  |                                  | 13b. MOTHER'S MAIDEN NAME<br><u>Charlotte Mercer</u>  |   | 14. NAME OF HUSBAND OR WIFE<br><u>Rose Kieran Dunsford</u> |                                |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><u>Yes Span. Amer. War</u> |                                  | 16. SOCIAL SECURITY NO.<br><u>unknown</u>   | 17. INFORMANT<br><u>Ursula Smith 2655 Rutger</u>                    |  |                                |

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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY: |  | INTERVAL BETWEEN ONSET AND DEATH |
| IMMEDIATE CAUSE (a) <u>Arteriosclerotic Heart Disease</u>  |  | <u>since 1952</u>                |
| DUE TO (b) <u>Arteriosclerosis, generalized</u>  |  | <u>since 1952</u>                |
| DUE TO (c) <u>420.0</u>  |  |                                  |

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| 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.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |  |
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| 19. WAS AUTOPSY PERFORMED?<br>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<br>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 1952 to 20<sup>th</sup> Dec. 1960 and last saw <sup>her</sup>him alive on December 13, 1960  
Death occurred at 3:30 A m on the date stated above, and to the best of my knowledge, from the causes stated.

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| 22a. SIGNATURE (Degree or title)<br><u>Robert J. Cook, M.D.</u> | 22b. ADDRESS<br><u>415 Pine St. St Louis (2) Mo</u> | 22c. DATE SIGNED<br><u>12-20-60</u> |
|---|---|-------------------------------------|

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|--|-------------------------------|--|--|
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u> | 23b. DATE<br><u>Dec 22 60</u> | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Calvary</u> | 23d. LOCATION (City, town, or county) (State)<br><u>St. Louis Mo</u> |
|--|-------------------------------|--|--|

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| 24. FUNERAL DIRECTOR<br><u>E.J. Schnur 3125 Lafayette</u> | 25. DATE RECD. BY LOCAL REG.<br><u>DEC 20 1960</u> | 26. REGISTRAR'S SIGNATURE<br><u>Loan Smith, M.D.</u> |
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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  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Thomas R. Penner

Licensed Embalmer No. 379

P. O. Address 3125 Laguna

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to  
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.