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318

1008

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STATE FILE NUMBER

AMENDED

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

FILED VS FEB 20 1961

1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> COUNTY _____													
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Louis</u>		Length of stay in 1b _____		c. CITY OR TOWN <u>St. Louis</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>											
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Veterans Hosp 915 N Grand</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>4222 West Pine</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>										
3. NAME OF DECEASED (Type or print) First <u>Velda</u> Middle <u>B</u> Last <u>Dungey</u>				4. DATE OF DEATH Month <u>Jan</u> Day <u>4</u> Year <u>1961</u>													
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIAGE STATUS <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced		8. DATE OF BIRTH <u>May 3 1915</u>		9. AGE (last birthday) <u>45</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HR Hours _____ Min. _____					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Owner</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Restaurant</u>		11. BIRTHPLACE (City and state or country) <u>Barlow Ky</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>									
13a. FATHER'S NAME <u>Vernie Dungey</u>				13b. MOTHER'S MAIDEN NAME <u>Unknown</u>				14. NAME OF HUSBAND OR WIFE <u>Lorine Nivens Dungey</u>									
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes WW # 2</u>				16. SOCIAL SECURITY NO. _____		17. INFORMANT Address <u>Lorine Dungey 4222 West Pine</u>											
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Phenobarbital (Equinil) poisoning,</u> DUE TO (b) <u>Self ingested in home on or about</u> DUE TO (c) <u>1-3-61. suicide</u> 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 type="checkbox"/> No <input type="checkbox"/> Unknown										INTERVAL BETWEEN ONSET AND DEATH							
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>See above</u>													
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year <u>1-3-61</u>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>										20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>19 Home</u>		20f. CITY, TOWN, OR LOCATION <u>St Louis, Mo</u>		COUNTY _____ STATE _____	
21. I attended the deceased from _____, to _____ and last saw her/him alive on _____ Death occurred at <u>1:15 A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.																	
22a. SIGNATURE (Degree or title) <u>Patrick E Taylor Coroner</u>						22b. ADDRESS <u>1300 Clark</u>				22c. DATE SIGNED <u>1-4-61</u>							
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>Jan. 6, 1961</u>		23c. NAME OF CEMETERY OR CREMATORY <u>National</u>		23d. LOCATION (City, town, or county) (State) <u>Jefferson Barracks Mo.</u>											
24. FUNERAL DIRECTOR ADDRESS <u>E.J. Schnur 3125 Lafayette</u>				25. DATE RECD. BY LOCAL REG. <u>JAN 4 1961</u>		26. REGISTRAR'S SIGNATURE <u>Loed Smith. M.D.</u>											

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

SHOULD READ

BY AFFIDAVIT OF

ITEM NO.

COBBER
KAC

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 Thomas R. Jenuwik

Licensed Embalmer No. 3793
P. O. Address 3125 Lofay

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.