

MISSOURI DEATH - STANDARD CERTIFICATE OF DEATH

SL-24824 XC-16 197-182

1003

-61-006439

STATE FILE NUMBER

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

1864

FILED VS MAR 7 1961

1. PLACE OF DEATH

a. COUNTY

ST. LOUIS

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR

TOWN ST. LOUIS, MISSOURI

Length of stay in lb.

22 DAYS

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR

INSTITUTION VAH, 915 NO. GRAND AVE.

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before

a. STATE ILLINOIS b. COUNTY

admission)

c. CITY

OR

TOWN JERSEYVILLE

Inside Limits

Yes ☐ No ☒

d. STREET

ADDRESS

(If outside, give location)

ROUTE 1

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

LESTER DUNHAM

4. DATE
OF
DEATH

Month

Day

Year

2/23/61

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. Married ☐ Never Married ☐Widowed ☐ Divorced ☒

8. DATE OF BIRTH

5/10/94

9. AGE (last birthday)

66

IF UNDER 1 YEAR

IF UNDER 24 HR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

RETIRED CARPENTER

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

JERSEY COUNTY, ILLINOIS U.S.A.

12. CITIZEN OF WHAT COUNTRY

13a. FATHER'S NAME

WALTER DUNHAM

13b. MOTHER'S MAIDEN NAME

ANNIE COOPER

14. NAME OF HUSBAND OR WIFE

- - - - -

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

YES

WW-II

16. SOCIAL SECURITY NO.

337-18-0511

17. INFORMANT

FRANCIS W. DUNHAM (SON)

Address

108 LAKESIDE AVE.

E. ALTON, ILL.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) PULMONARY EMBOLISM

DUE TO (b) CARCINOMA RIGHT CHEST, PRIMARY SITE UNDETERMINED

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (c)

199.1

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)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☒ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

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 WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. Attended the deceased from 2/1/61 to 2/23/61 and last saw him alive on 2/23/61

Death occurred at 12:34 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

WALTER E. GOLDFARB M.D.

22b. ADDRESS

VAH, ST. LOUIS, MO.

22c. DATE SIGNED

2/23/61

23a. BURIAL, CREMATION, REMOVAL (Specify)

REMOVED

23b. DATE

2-24-61

23c. NAME OF CEMETERY OR CREMATORY

Fieldon Cem

23d. LOCATION (City, town, or county)

Jersey Co.

(State)

Illinois

24. FUNERAL DIRECTOR

SACoby Bros

ADDRESS

Jerseyville, Ill

25. DATE RECD. BY LOCAL REG.

FEB 24 1961

26. REGISTRAR'S SIGNATURE

Earl Smith, M.D.

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

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 Frank Prokoff

Licensed Embalmer No. 4356

P. O. Address St Louis Mo

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.