

DEPARTMENT OF HEALTH  
BUREAU OF THE CENSUS  
MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **29907**  
Registrar's No. **7246**

Registration District No. **791** Primary Registration District No. **1003**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:  
(a) County **SAINT LOUIS**  
(b) City or town **SAINT LOUIS**  
(c) Name of hospital or institution: **HOME OF FREINDLES 4431 S BROADWAY**  
(d) Length of stay: In hospital or institution **14 YEARS**  
In this community **14 YEARS**

2. USUAL RESIDENCE OF DECEASED:  
(a) State **MISSOURI** (b) County **000**  
(c) City or town **ST. LOUIS 15 17**  
(d) Street No. **4431 S. Broadway 9**  
(e) Citizen of foreign country? **0** (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **CHARLOTTE DUNSFORD**  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **Sept** day **5** year **1941** hour **9:15** minute **A. M.**  
21. I hereby certify that I attended the deceased from **July 1 1941** to **Sept 5 1941**  
that I last saw her alive on **Aug 27 1941** and that death occurred on the date and hour stated above.

4. Sex **FEMAL** 5. Color or race **WHITE** 6. (a) Single, widowed, married, divorced **WIDOWED**  
6. (b) Name of husband or wife **JOHN DUNSFORD** 6. (c) Age of husband or wife if alive **1855** years  
7. Birth date of deceased **OCT 2** (Month) (Day) (Year)

Immediate cause of death **acute Cardiac Decompensate Chronic Hypertensive** Duration **5 yrs**  
Due to **arteriosclerosis**

8. AGE: Years **85** Months **11** Days **3** If less than one day hr. min.

Due to \_\_\_\_\_  
Other conditions **Senility** (include pregnancy within 5 months of death)  
Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

9. Birthplace **ST. LOUIS, MO.** (City, town, or county) (State or foreign country)  
10. Usual occupation **Nil**

11. Industry or business \_\_\_\_\_  
12. Name **ALVILLON MERCER**  
13. Birthplace **ENGLAND** (State or foreign country)  
14. Maiden name **ESTHER MERCER**  
15. Birthplace **ENGLAND** (City, town, or county) (State or foreign country)

16. (a) Informant **Geo. Ellis Dunsford**  
(b) Address **1841 Michigan Av.**  
17. (a) **BURIAL** (b) Date thereof **SEPT 8 1941**  
(c) Place: burial or cremation **OLD ST. MARCUS CEM.**

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? (City or town) (County) (State) \_\_\_\_\_  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_  
While at work? (Specify type of place) (c) Means of injury **0**  
23. Signature **R. W. Crossman** (M. D. or other) **MD**  
Address **404 Blumhard** Date signed **9-5-41**

18. (a) Signature of funeral director **E. J. Schmer**  
(b) Address **3125 Lafayette Av.**  
19. (a) **SEP 8 1941** (Date received local registrar) (b) **R. Buech** (Registrar's signature)

**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.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

*Jose Bollmer*

Licensed Embalmer No. *4014*

P. O. Address *312 La Juyeta Ave*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**