No. 2
1—2-43
5-17-39
1 X3697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 26604

ED AUG 23 1943

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 7295

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Missouri.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Alexian Brothers Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 00 11

(c) City or town St. Louis 9 9
(If outside city or town limits, write "RURAL")

(d) Street No. 1438 Gano Avenue
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Arthur August Dunard

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced 3 Divorced

6. (b) Name of husband or wife Unavailable

6. (c) Age of husband or wife if alive Unavail years

7. Birth date of deceased December (Month) 3 (Day) 1906 (Year)

8. AGE: Years 36 Months 8 Days 9 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)

10. Usual occupation None

11. Industry or business Invalid

FATHER
12. Name Auto Dunard
13. Birthplace Matson (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Lottie Behr
15. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Mrs. Lottie Dunard
(b) Address 1438 Gano Avenue.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/15/43 (Month) (Day) (Year)
(c) Place: burial or cremation Troy, Missouri.

18. (a) Signature of funeral director Albert H. Hoppe, Inc
(b) Address 4700 Washington Blvd.

19. (a) AUG 14 1943 (Date received local registrar) J. T. Bridwell (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 12 year 1943 hour 3 minute 45 P.M.

21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death 1 Peritonitis 2 Pyelo Nephritis 3 Stone in Urinary Bladder

Due to following injuries received nine and one half years ago in

Due to Warrenton Missouri While helping a friend load a Ice

Other conditions (Include pregnancy within 3 months of death) Box into a Truck and it

Major findings: Slipped off the truck and fell on him Exact time unknown

Of operation

Of autopsy

Duration

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident 189

(b) Date of occurrence about 9 1/2 years ago

(c) Where did injury occur? Warrenton Mo (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Unknown (Specify type of place)

While at work? (e) Means of injury

23. Signature Alfred J. Perry (M. D. or other)

Address Clayton Mo Date signed 8/14/43

(Licensed Embalmer's Statement on Reverse Side)

FEB 2 1942

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.....J. Allen Davis Jr

Licensed Embalmer No.....4053

P. O. Address.....City

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