

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
FILED SEP 8 1945 STANDARD CERTIFICATE OF DEATH

Registration District No. 31 Primary Registration District No. 4469

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

1. PLACE OF DEATH:

(a) County STE. GENEVIEVE

(b) City or town STE. GENEVIEVE
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community LIFE
years, months or days)

3. (a) PRINT FULL NAME OTTIE MAY DUNKER

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife VINCENT J. DUNKER 6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased MAY 18 1880
(Month) (Day) (Year)

8. AGE: Years 65 Months 3 Days 4 If less than one day hr. _____ min. _____

9. Birthplace STE. GENEVIEVE MO
(City, town, or county) (State or foreign country)

10. Usual occupation AT HOME

11. Industry or business _____

MOTHER FATHER } 12. Name LOUISA BOYER

13. Birthplace STE. GENEVIEVE MO
(City, town, or county) (State or foreign country)

14. Maiden name ELIZA J. ABERNATHY

15. Birthplace STE. GENEVIEVE MO
(City, town, or county) (State or foreign country)

16. (a) Informant V. J. Dunker
(b) Address W. Genevieve Mo

17. (a) BURIAL (b) Date thereof 8-24-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation STE. GENEVIEVE

18. (a) Signature of funeral director Geo. C. Bask
(b) Address Ste Genevieve Mo

19. (a) Aug 23/45 (b) T. W. Douglas
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County STE. GENEVIEVE

(c) City or town STE. GENEVIEVE
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUG day 22 year 1945 hour 1 minute 20 A. M.

21. I hereby certify that I attended the deceased from 1941 to Aug 22, 1945; that I last saw her alive on Aug 18, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death Acute asplenic Anemia

Due to Secondary Anemia 5 yrs

Due to Carcinoma of bladder 5 yrs

Other conditions _____ (Include pregnancy within 3 months of death)

Major findings: Of operations 52K

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) ✓

(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) (e) Means of injury ✓

23. Signature W. Passable (M. D. or other) MD
Address W. Genevieve Mo Date signed 8-22-45

RECEIVED

District Health Officer No. 4
District File Number 945-1046
Date Filed 9-6-45

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 Geo. E. Baker

Licensed Embalmer No. 1925

P. O. Address St. Genevieve 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 this body is not embalmed, fact should be so stated above.