

S. No. 2  
 FORM-5-43  
 Rev. 5-17-39  
 I X36871

THE STATE BOARD OF HEALTH  
 STANDARD CERTIFICATE OF DEATH

39102

**FILED** JAN 5 1946  
 318

State File No. \_\_\_\_\_  
 Registrar's No. **11156**

Registration District No. \_\_\_\_\_ Primary Registration District No. **1003**

1. PLACE OF DEATH:  
 (a) County **St. Louis, Mo.**  
 (b) City or town **St. Louis**  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: **St. Louis City Hospital-Max C. Starkloff**  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution **9 days Memorial**  
(Specify whether)  
 In this community \_\_\_\_\_  
years, months or days

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

4. Sex **Male** 5. Color or race **White**  
 6. (a) Single, widowed, married, divorced **Widow**  
 6. (b) Name of husband or wife **Nell** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased **APRIL 4 2th 1880**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>65</b>	<b>8</b>	<b>13</b>	_____ hr. _____ min.

9. Birthplace **St. Louis Mo.**  
(City, town, or county) (State or foreign country)  
 10. Usual occupation **Millworker**

11. Industry or business \_\_\_\_\_  
 MOTHER FATHER {  
 12. Name **John Dunbar**  
 13. Birthplace **Germany**  
(City, town, or county) (State or foreign country)  
 14. Maiden name **Theresa Metz**  
 15. Birthplace **Germany**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Edna Brinkmann**  
 (b) Address **3648 Koeln**  
 17. (a) **Burial** (b) Date thereof **12/20/45**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation **Park Lawn Cemetery**  
**Jos. P. Fendler Jr.**  
 18. (a) Signature of funeral director **J. J. Bredesch**  
 (b) Address **7128 Michigan Ave.**

19. (a) **DEC 20 1945** (b) \_\_\_\_\_  
(Date Received Local Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State **Mo.** (b) County \_\_\_\_\_  
 (c) City or town **St. Louis**  
(If outside city or town limits, write "RURAL")  
 (d) Street No. **3642 Koeln**  
(If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month **Dec.** day **17th**  
 year **1945** hour **12:30** minute **P** M.

21. I hereby certify that I attended the deceased from **12/8/45**  
 \_\_\_\_\_, 19\_\_\_\_, to **12/17/45**, 19\_\_\_\_;  
 that I last saw him alive on **12/17/45**, 19\_\_\_\_;  
 and that death occurred on the date and hour stated above.

Immediate cause of death **Myocardial infarction**  
 Due to **Senescent arteriosclerosis**  
 Due to **Hypertrophic Arteriosclerosis**  
 Other conditions **Hypertrophic Arteriosclerosis**  
(Include pregnancy within 6 months of death)

PHYSICIAN \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.  
 Major findings: \_\_\_\_\_  
 Of operations \_\_\_\_\_  
 Of autopsy **none permitted**

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) Manner of injury **no**  
 23. Signature **W. H. Hamilton** **12/18/45** or other \_\_\_\_\_  
1515 Lafayette  
 Address \_\_\_\_\_ Date signed \_\_\_\_\_

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

11156  
92111

STATEMENT BY LICENSED EMBALMER

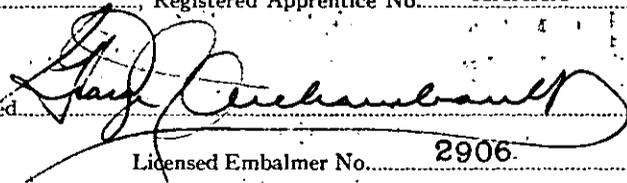
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

George N. Archambault

Registered Apprentice No. XXXXX

working under my personal supervision.

Signed



Licensed Embalmer No. 2906

P. O. Address: 7128 Michigan Ave.

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.