

**FILED** FEB 1 1946  
 318

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

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

2635

**1. PLACE OF DEATH:**  
 (a) County **St. Louis Mo**  
 (b) City or town **St. Louis Mo**  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
**4966 Odell Ave**  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
 In this community \_\_\_\_\_  
years, months or days)

**3. (a) PRINT FULL NAME** **Dora Hunsinger**  
**3. (b) If veteran, name war** **No** **3. (c) Social Security** **No**

**4. Sex** **Female** **5. Color or race** **White**  
**6. (a) Single, widowed, married, divorced, Widowed**  
**6. (b) Name of husband or wife** **Marmaduke** **6. (c) Age of husband or wife if alive** \_\_\_\_\_ years  
**7. Birth date of deceased** **Aug 15 1862**  
(Month) (Day) (Year)

**8. AGE:** Years **73** Months **5** Days **6**  
If less than one day  
 hr. \_\_\_\_\_ min. \_\_\_\_\_

**9. Birthplace** **Pittsburg Ill**  
(City, town, or county) (State or foreign country)

**10. Usual occupation** **Housework**

**11. Industry or business** **At Home**

**12. Name** **John Davis**

**13. Birthplace** **Tenn**  
(City, town, or county) (State or foreign country)

**14. Maiden name** **Susan Cane**

**15. Birthplace** **Tenn**  
(City, town, or county) (State or foreign country)

**16. (a) Informant** **Mrs Marie Braudrick**

**(b) Address** **4966 Odell Ave**

**17. (a) Burial** **(b) Date thereof** **1 22 46**  
(Burial, cremation, or removal) (Month) (Day) (Year)

**(c) Place: burial or cremation** **Oak Grove Cemetery**

**18. (a) Signature of funeral director** **Kriegshaber**

**(b) Address** **4228 So. Kingshighway**

**19. (a) JAN 21 1946** **(b)** \_\_\_\_\_  
(Data received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State **MO** (b) County **Mad**  
 (c) City or town **St. Louis**  
(If outside city or town limits, write "RURAL")  
 (d) Street No. **4966 Odell Ave**  
(If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month **Jan** day **19**  
 year **1946** hour **11.30 AM** minute \_\_\_\_\_ M.

**21. I hereby certify that I attended the deceased from** **October 15, 1945** to **January 19, 1946**  
 that I last saw her alive on **January 17, 1946**  
 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
<b>Myocardial Failure</b>	<b>1 day</b>
<b>Due to Arterial-Sclerotic Heart Disease</b>	<b>4 years</b>
<b>Due to Arterial Sclerosis and Hypertension</b>	<b>4 years</b>
Other conditions <small>(Include pregnancy within 3 months of death)</small>	

**PHYSICIAN**  
**Major findings:** **no operation**  
**Of operations** \_\_\_\_\_  
**Of autopsy** **no autopsy**  
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? \_\_\_\_\_

**23. Signature** **Wm H. ...** **(M.D.)**  
**Address** **634 No. Grand Blvd** **Date signed** **1/21/46**  
(Specify type of place) (e) Means of injury

Dr Norton Mo Thert

11-1

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**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..... *Edwin D Mc Dermott*.....

Licensed Embalmer No..... *3024*.....

P. O. Address.....

**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.**