

FILED APR 24 1946
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State File No. 14664
Registrar's No. 3557

Registration District No. _____ Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County _____
 (b) City or town St. Louis
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
residence-1375 Temple Avenue
 (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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
 (c) City or town St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1375 Temple Place
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME PAUL F. DUNHAM

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 divorced

6. (b) Name of husband or wife _____

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

7. Birth date of deceased November 6 1883
 (Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 15th
 year 1946 hour 5:00 minute _____ P. _____ M. _____

21. I hereby certify that I attended the deceased from March 3, 1946 to April 15, 1946
 that I last saw him alive on April 13, 1946
 and that death occurred on the date and hour stated above.

8. AGE: - Years Months Days If less than one day

62	5	9	hr. min.
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9. Birthplace Ninevah Indiana
 (City, town, or county) (State or foreign country)

10. Usual occupation retired

11. Industry or business Shoe Manufacturer

MOTHER FATHER

12. Name Advin M. Dunham

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

14. Maiden name Marie Reed

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

16. (a) Informant Helen C. Grey

(b) Address 1375 Temple Place, St. Louis, Mo.

17. (a) removal (b) Date thereof April 18/46
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation McAllister, Oklahoma

18. (a) Signature of funeral director C. R. Lupton & Sons

(b) Address 7233 Delmar Bly'd., St. Louis, Mo.

19. (a) APR 18 1946 (b) J. F. Bredeek
 (Date received local registrar) (Registrar's signature)

Immediate cause of death Cirrhosis of Liver

Duration yrs

Due to _____

Due to 309

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

Major findings: Desquamated Pericardium

Of operations _____

Of autopsy _____

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 0

23. Signature Samuel A. Myrnsch (M. D. or other)
 Address 354 Myrnsch Clayton Mo. Date signed 4/14/46

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

Dr. Gerard A. Munsch.
33 N. Meramec
PA-6729
2:30 to 4:30 P.M.

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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.....

Don Paul Marker

Registered Apprentice No. *381*

working under my personal supervision.

Signed *Clarence H. Murray*

Licensed Embalmer No. *4011*

P. O. Address. *St. Louis, 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.