

S. No. 2  
OM-5-43  
v. 5-17-39  
I X36571

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 18347  
Registrar's No. 4838

Registration District No. 318 Primary Registration District No. 1003

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

1. PLACE OF DEATH:  
(a) County St. Louis  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
1237 North Kingshighway /  
(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 087  
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 12/7  
(d) Street No. 1237 1237 North Kingshighway  
(If rural, give location) 9  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No) 9  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Ida May Dunn  
3. (b) If veteran, name war X 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 William 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Merch 17, 1870  
(Month) (Day) (Year)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month May day 28  
year 1946 hour \_\_\_\_\_ minute \_\_\_\_\_ A. M.  
21. I hereby certify that I attended the deceased from April 6, 1946 to May 28, 1946  
that I last saw her alive on May 27, 1946  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
76 2 11 \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death Carcinoma of Liver 4 mos.  
Duration \_\_\_\_\_  
Due to \_\_\_\_\_  
Due to 467  
Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

9. Birthplace New Haven Missouri  
(City, town, or county) (State or foreign country)  
10. Usual occupation at home

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

11. Industry or business \_\_\_\_\_  
12. Name James A. Trail  
13. Birthplace Not known Not known  
(City, town, or county) (State or foreign country)  
14. Maiden name Davis  
15. Birthplace Not known Not known  
(City, town, or county) (State or foreign country)

16. (a) Informant Mary Brush  
(b) Address Eureka, Mo.

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? \_\_\_\_\_

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 5/30/46  
(Month) (Day) (Year)  
(c) Place: burial or cremation Memorial Park Cem  
18. (a) Signature of funeral director J. L. Ziegenhein & Sons  
(b) Address 7027 Gravois  
19. (a) MAY 30 1946 (b) J. Z. Broderick (Registrar's signature)

(Specify type of place)  
While at work \_\_\_\_\_ Means of injury 0  
23. Signature Charles M. ... (M. D. certificate)  
Address 3911 Lee Ave. Date signed 5/29/46

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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 W. G. Peterson

Licensed Embalmer No. 3767

P. O. Address Overland 142m

**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.**