

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

21679

State File No.

FILED JUN 20 1946
Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 2086

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: De Paul Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 5 17
(If outside city or town limits, write "RURAL")

(d) Street No. 5475 Cabanne Ave. 9
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 10

If yes, name country _____

3. (a) PRINT FULL NAME LUCILLE I. DUNBAR.

3. (b) If veteran, name war no

3. (c) Social Security No. no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 6
year 1946 hour 8:00 minute A. M.

4. Sex Female / 5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Willard L. Dunbar

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

7. Birth date of deceased Jan. 1 1880
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Aug 20 1946 to June 6 1946
that I last saw h. in alive on June 5 1946
and that death occurred on the date and hour stated above.

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

66	5	5	hr. _____ min.
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Immediate cause of death Periarteritis nodosa

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 99.2

9. Birthplace Grafton, Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business _____

MOTHER FATHER

12. Name John Baker.

13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

PHYSICIAN

Major findings: Of operations _____

Of autopsy _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Alex Buchan.

(b) Address 8041 Litzinger Rd.

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) Cremation (b) Date thereof 6-7-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Crematory

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

(b) Address 7233 Delmar Blvd.

While at work 0 (Specify type of place) _____
(c) Means of injury _____

19. (a) JUN 8 1946 J.F. Buddeck
(Date received local registrar) (Registrar's signature)

23. Signature Dr. Philip B. ... (M. D. or other) _____
Address 4952 Maryland Date signed 6-6-46

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

Dr. Weaver & Co. Inc.
495-a Maryland
300 8844
9 to 12-18-1940

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 Raymond L. Morris
Licensed Embalmer No. 4330
P. O. Address Maplewood, Md.

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.