

FILED APR 4 1950

STANDARD CERTIFICATE OF DEATH

State File No. _____

1991

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN St. Louis)		c. LENGTH OF STAY (in this place) 2 wks	c. CITY (If outside corporate limits, write RURAL and give OR TOWN University City)
d. FULL NAME OF HOSPITAL OR INSTITUTION Jewish Hosp.		d. STREET ADDRESS 6935 Raymond	

3. NAME OF DECEASED (Type or Print) a. (First) Azman	b. (Middle) Thurman	c. (Last) Dunham	4. DATE OF DEATH (Month) (Day) (Year) Feb. 27 1950
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5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER/MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 11, 1887	9. AGE (In years last birthday) 62 if UNDER 1 YEAR Months Days if UNDER 2 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Teacher	10b. KIND OF BUSINESS OR INDUSTRY University City High	11. BIRTHPLACE (State or foreign country) Phelps Co. Mo.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME James Richard Dunham	13b. MOTHER'S MAIDEN NAME Frances Reed	14. NAME OF HUSBAND OR WIFE Ruth Young Dunham
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. 517-09-0207	17. INFORMANT'S SIGNATURE OR NAME Mrs Ruth Dunham	ADDRESS 6935 Raymond
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 331x
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. ① Diabetes mellitus ② Anemia		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Feb 20, 1950**, to **Feb 27, 1950**, that I last saw the deceased alive on **Feb 27, 1950**, and that death occurred at **9-P** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Michael M. Karl, D.M.D.	23b. ADDRESS 3720 Washington Blvd.	23c. DATE SIGNED 3-1-50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Feb. 2, 1950	24c. NAME OF CEMETERY OR CREMATORY Schaffer Cemetery	24d. LOCATION (City, town, or county) (State) Licking Mo.
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DATE REC'D BY LOCAL MAR 1 1950	REGISTRAR'S SIGNATURE J. B. Laseta	25. FUNERAL DIRECTOR'S SIGNATURE Alexander & Son	ADDRESS 6175 Delmar
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(Licensed Embalmer's Statement on Reverse Side)

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

Dr Harold Freedman
Je 84//
Mo Theatre Bldg
Mornings by appointment

Fr 1092
Michel Karl
3720 Washington
Fr 1095
Wed 130

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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

Jos. E. McCulloch

Licensed Embalmer No. 2460

P. O. Address 6175 Dilman

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.