

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17926

State File No.

FILED JUN 16 1952

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **4934**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <i>Missouri</i> b. COUNTY			
b. CITY OR TOWN <i>St. Louis</i>		c. CITY OR TOWN <i>St. Louis</i>		d. STREET ADDRESS <i>1389 Semple</i>	
c. LENGTH OF STAY (in this place) <i>40 yrs</i>		d. STREET ADDRESS (If rural, give location) <i>1389 Semple</i>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>1389 Semple</i>		d. STREET ADDRESS (If rural, give location) <i>1389 Semple</i>			
3. NAME OF DECEASED a. (First) <i>Kathleen</i> b. (Middle) <i>Dunaway</i> c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <i>5-26-1952</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>widowed</i>	8. DATE OF BIRTH <i>5-31-1898</i>	9. AGE (in years last birthday) <i>61</i>	10. IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Seamstress</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Curling Irons</i>		11. BIRTHPLACE (State or foreign country) <i>Concho Ark</i>	
12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		13a. FATHER'S NAME <i>Joseph McKinley Deaton</i>		13b. MOTHER'S MAIDEN NAME <i>Marie Theresa Eagle</i>	
14. NAME OF HUSBAND OR WIFE <i>Flynn Dunaway</i>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>no</i>		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME <i>Mrs. Lester O Scheer</i>		17. ADDRESS <i>420 So. County</i>		INTERVAL BETWEEN ONSET AND DEATH	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Chronic Myocarditis</i>			
		ANTECEDENT CAUSES DUE TO (b) <i>Chronic Nephritis</i>			
		DUE TO (c) <i>Arteriosclerosis</i>			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>none.</i>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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)	
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? <i>442X</i>	
22. I hereby certify that I attended the deceased from <i>May 23</i> 19 <i>50</i> , to <i>May 14</i> , 19 <i>52</i> , that I last saw the deceased alive on <i>May 15</i> , 19 <i>52</i> , and that death occurred at <i>8:30 P.M.</i> , from the causes and on the date stated above.					
23a. SIGNATURE <i>Nathan Bilsherman</i> (Degree or title)			23b. ADDRESS <i>2739 N Grand Ave</i>		23c. DATE SIGNED <i>5-29-52</i>
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <i>5/29/52</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Iron Cemetery</i>	
24d. LOCATION (City, town, or county) (State) <i>St. Louis County Mo</i>		DATE REC'D BY LOCAL BEG. <i>MAY 29 1952</i>		REGISTRAR'S SIGNATURE <i>J. Carl Smith MD</i>	
25. FUNERAL DIRECTOR'S SIGNATURE <i>Guy Miller</i>		ADDRESS <i>5041 Selman</i>			

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

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 Ronald O Yahrke

Licensed Embalmer No. 3917

P. O. Address St Louis

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.