

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

8824

No. 300
10-48

FILED OCT 15 1953

BIRTH NO. 64200 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No.

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| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St Louis</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St Louis</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Saint Louis Maternity</u> | | d. STREET ADDRESS (If rural, give location) <u>17 4105a Russell Avenue</u> | |

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|-------------------------------------|------------|-------------|------------------|---------------------------------------|
| 3. NAME OF DECEASED (Type or Print) | a. (First) | b. (Middle) | c. (Last) | 4. DATE OF DEATH (Month) (Day) (Year) |
| | | | <u>Dunnivant</u> | <u>September 4 1953</u> |

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|---|-------------------------------|---|--|---|------------------------|------------------------------|------------------------|-----------------------|
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>-</u> | 8. DATE OF BIRTH <u>September 3 1953</u> | 9. AGE (In years last birthday) | IF UNDER 1 YEAR Months | IF UNDER 1 YEAR Days | IF UNDER 24 Hrs. Hours | IF UNDER 24 Hrs. Min. |
| | | | | <u>1</u> | <u>3</u> | <u>50</u> | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City and State or Foreign Country) <u>St Louis Mo</u> | | 12. CITIZEN OF WHAT COUNTRY? | | |

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| 13a. FATHER'S NAME <u>John Vincent Dunnivant</u> | 13b. MOTHER'S MAIDEN NAME <u>Edna June Humphreys</u> | 14. NAME OF HUSBAND OR WIFE <u>-</u> |
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| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>-</u> | 16. SOCIAL SECURITY NO. <u>-</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>John & Edna Dunnivant</u> | ADDRESS <u>Above add</u> |
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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, asphyxia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Aspiration</u> | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>none</u> DUE TO (c) | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Baby born by caesarian section</u> | | | |

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| 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) |
| | | <u>761.0</u> |

| | | |
|---|--|----------------------------|
| 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? |
|---|--|----------------------------|

22. I hereby certify that I attended the deceased from Sept 3, 1953, to Sept 4, 1953, that I last saw the deceased alive on Sept 4, 1953 and that death occurred at 4:18 Am., from the causes and on the date stated above.

| | | |
|---|----------------------------------|--------------------------------|
| 23a. SIGNATURE (Degree or title) <u>Marshall D. Greenman M.D.</u> | 23b. ADDRESS <u>462 N Taylor</u> | 23c. DATE SIGNED <u>9-7-53</u> |
|---|----------------------------------|--------------------------------|

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|---|--------------------------|--|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) | 24b. DATE <u>9-30-53</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Anatomical Board</u> | 24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u> |
|---|--------------------------|--|---|

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| DATE REC'D BY LOCAL REG. <u>SEP 11 1953</u> | REGISTRAR'S SIGNATURE <u>Carl Smith M.D.</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Rowland</u> | ADDRESS <u>404 Manchester</u> |
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(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No.....

P. O. Address.....

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.