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FILED JUN 24 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 20407

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 4906

a. PLACE OF DEATH  
b. COUNTY \_\_\_\_\_  
2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE Missouri b. COUNTY \_\_\_\_\_

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis: 0  
c. LENGTH OF STAY (in this place) 2 hrs.  
c. CITY OR TOWN St. Louis  
d. Is Residence within limits of a city or incorporated town? Yes  No

d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital  
e. STREET ADDRESS (If rural, give location) 20 2721 Slattery

3. NAME OF DECEASED  
(Type or Print) a. (First) Mary b. (Middle) Dunlap c. (Last) Dunlap  
4. DATE OF DEATH June 2nd, 1954

5. SEX Female 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2  
8. DATE OF BIRTH Oct. 16th 1883 9. AGE (in years last birthday) 70 7 16

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife  
10b. KIND OF BUSINESS OR INDUSTRY At Home  
11. BIRTHPLACE (City and State or Foreign Country) Dent County, Mo. 0  
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME John Moses. 13b. MOTHER'S MAIDEN NAME Harriett Barr 14. NAME OF HUSBAND OR WIFE (late) Walter Dunlap

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None  
16. SOCIAL SECURITY NO. None  
17. INFORMANT'S SIGNATURE OR NAME ADDRESS Anna Bryant, 7475 Flora, Maplewood, Mo.

18. CAUSE OF DEATH  
Enter only one cause per line for (a), (b), and (c)  
MEDICAL CERTIFICATION  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) \_\_\_\_\_  
ANTECEDENT CAUSES DUE TO (b) Coronary Occlusion  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) Coronary Sclerosis  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death.  
INTERVAL BETWEEN ONSET AND DEATH \_\_\_\_\_

19a. DATE OF OPERATION \_\_\_\_\_ 19b. MAJOR FINDINGS OF OPERATION \_\_\_\_\_ 20. AUTOPSY? YES  NO

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  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR? 4201

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at 3:45 A.M., from the causes and on the date stated above.

23a. SIGNATURE James E Doyle (Degree or title) 3 23b. ADDRESS 1200 E. \_\_\_\_\_ 23c. DATE SIGNED 6/2/54

24a. BURIAL, CREMATION, REMOVAL (Specify) \_\_\_\_\_ 24b. DATE June 4th, 1954 24c. NAME OF CEMETERY OR CREMATORY Czar Cemetery 24d. LOCATION (City, town, or county) (State) Czar, Mo.

DATE REC'D BY LOCAL REG. JUN 2 1954 REGISTRAR'S SIGNATURE J. Carl Smith M.D. 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS JAY B. SMITH, Maplewood, Mo.

(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 .....  
Signature of Student Embalmer

Signed *H. C. Burgess* .....  
Licensed Embalmer No. *402* .....  
P. O. Address *Maplewood* .....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.