

FILED JAN 18 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **43547**
 BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **11629**

1. PLACE OF DEATH a. 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 town) St. Louis		c. CITY OR TOWN St. Louis	
c. LENGTH OF STAY (In this place)		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4130 Sarpy Ave.		STREET ADDRESS (If rural, give location) 4130 Sarpy Ave. 21890	

3. NAME OF DECEASED (Type or Print) a. (First) Lulie		b. (Middle) V.		c. (Last) Dunlap		4. DATE OF DEATH (Month) (Day) (Year) Dec. 19, 1954	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow		8. DATE OF BIRTH July 3, 1872	
9. AGE (In years last birthday) 82		F UNDER 1 YEAR Months		F UNDER 2 HRS. Days		F UNDER 4 HRS. Hours	
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) Crawford Co., Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.	

13a. FATHER'S NAME John Eaton		13b. MOTHER'S MAIDEN NAME Mary Garrison		14. NAME OF HUSBAND OR WIFE Doss	
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. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Catherine Rucker, 5255 Potomac	

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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized Peritonitis		INTERVAL BETWEEN ONSET AND DEATH 4 wks.	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Ruptured Appendix		4 1/2 wks.	
DUE TO (c)		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION 11-8-54		19b. MAJOR FINDINGS OF OPERATION Generalized Peritonitis (Ruptured Appendix)		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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR 5501	

22. I hereby certify that I attended the deceased from **11-29, 1954**, to **12-19, 1954**, that I last saw the deceased alive on **12-18, 1954**, and that death occurred at **8:50a m.**, from the causes and on the date stated above.

23a. SIGNATURE No Schrepel, M.D. (Type or title)		23b. ADDRESS 634 No. Grand, St. Louis, Mo		23c. DATE SIGNED 12/21/54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 12-20-54		24c. NAME OF CEMETERY OR CREMATORY Eaton	
24d. LOCATION (City, town, or county) (State) Steeleville, Mo.					

DATE REC'D BY LOCAL REG. DEC 21 1954		REGISTRAR'S SIGNATURE J. Carl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe, 4700 Washington Blvd.	
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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.....
Signature of Student Embalmer

Signed *Robert M. Murray*.....

Licensed Embalmer No. *3749*.....

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