

FILED OCT 14 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30781

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 8604

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY St. Louis	
b. CITY OR TOWN ST. LOUIS	c. LENGTH OF STAY (in this place)	c. CITY OR TOWN JENNINGS 414 S	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. JOHNS HOSPITAL		e. STREET ADDRESS (If rural, give location) 7404 WEST FLORISSANT	

3. NAME OF DECEASED (Type or Print) a. (First) MAGGIE b. (Middle) DUNDON c. (Last) DUNDON			4. DATE OF DEATH (Month) (Day) (Year) SEPT. 29 1955		
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5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH FEB. 10 1885		9. AGE (in years last birthday) 70		IF UNDER 1 YEAR Months Days	IF UNDER 12 HRS. Hours Min.
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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) ST. LOUIS MISSOURI		12. CITIZEN OF WHAT COUNTRY? U S A	
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13a. FATHER'S NAME RICHARD ROBINSON		13b. MOTHER'S MAIDEN NAME JENNIE CRAMER		14. NAME OF HUSBAND OR WIFE			
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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.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS MARIE RIEGERIX 7404 WEST FLORISSANT			
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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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <i>Infarction myocardium</i> ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) <i>Arteriosclerotic Heart Disease</i> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <i>Diabetes mellitus</i>			INTERVAL BETWEEN ONSET AND DEATH <i>3 hrs</i> <i>20 yrs</i> <i>20 yrs</i>	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 420.0		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 *Sept 29 1955*, to *Sept 29 1955*, that I last saw the deceased alive on *Sept 29 1955*, and that death occurred at *10:30 p.m.*, from the causes and on the date stated above.

23a. SIGNATURE <i>H. H. Sieners MD</i> (Degree or title)		23b. ADDRESS <i>6000 W. Florissant</i>		23c. DATE SIGNED <i>9-30-55</i>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE OCT. 3 1955		24c. NAME OF CEMETERY OR CREMATORY CALVARY CEMETERY		24d. LOCATION (City, town, or county) (State) ST. LOUIS MISSOURI	
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DATE REC'D BY LOCAL REG. OCT 1 - 1955		REGISTRAR'S SIGNATURE <i>J. Earl Smith MD</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS STROOT CARROLL 4600 NATURAL BRIDGE	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

(Licensed Embalmer's Statement on Reverse Side)

NEW 33246

60000

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 *M W Ruster*

Licensed Embalmer No. 486

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.