

STANDARD CERTIFICATE OF DEATH

6399

State File No. \_\_\_\_\_

Registrar's No. **1876**

FILED MAR 5 1956

REG. DIST. NO. **318**

PRIMARY REG. DIST. NO. **1003**

No. 300

10-48

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|--|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>MISSOURI</b><br>b. COUNTY   |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <b>ST. LOUIS</b>   |  | c. CITY OR TOWN <b>ST. LOUIS</b>  |  |
| c. LENGTH OF STAY (In this place) <b>3 hrs.</b>  |  | d. 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 <b>ST. LOUIS CHILDREN'S HOSPITAL</b>   |  | e. STREET ADDRESS (If rural, give location) <b>2117 4649 ST. FERDINAND</b>  |  |
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <b>WALTER</b><br>b. (Middle) <b>N.M.N.</b><br>c. (Last) <b>DUNNING</b>   |  | 4. DATE OF DEATH (Month) (Day) (Year) <b>2-18-56</b>  |  |
| 5. SEX <b>MALE</b>   | 6. COLOR OR RACE <b>NEGRO</b>  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>NEVER MARRIED</b>   | 8. DATE OF BIRTH <b>8-22-53</b>  |
| 9. AGE (In years last birthday) <b>2</b>   |  | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>NONE</b>  | 11. BIRTHPLACE (City and State or Foreign Country) <b>ST. LOUIS, MO.</b>               |
| 10a. USUAL OCCUPATION  |  | 10b. KIND OF BUSINESS OR INDUSTRY <b>NONE</b>   | 12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>   |
| 13a. FATHER'S NAME <b>ROBERT DUNNING</b>   |  | 13b. MOTHER'S MAIDEN NAME <b>HATTIE PERKINS</b>   | 14. NAME OF HUSBAND OR WIFE  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>   |  | 16. SOCIAL SECURITY NO. <b>NONE</b>   | 17. INFORMANT'S SIGNATURE OR NAME <b>B. Bittner</b> ADDRESS <b>500 S. KINGSHIGHWAY</b> |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.                                   |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>ACUTE LARYNGOTRACHEOBRONCHITIS</b><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____<br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |  |
| 19a. DATE OF OPERATION   |  | 19b. MAJOR FINDINGS OF OPERATION <b>500 X</b>   | 20. AUTOPSY? YES <input checked="" 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?  |  |
| 22. I hereby certify that I attended the deceased from <b>Feb. 18, 1956</b> , to <b>Feb. 18, 1956</b> , that I last saw the deceased alive on <b>Feb. 18, 1956</b> , and that death occurred at <b>7:40 a.m.</b> , from the causes and on the date stated above. |  |   |  |
| 23a. SIGNATURE <b>J. Vietti MD</b> (Degree or title)   |  | 23b. ADDRESS <b>Childrens Hospital</b>  | 23c. DATE SIGNED <b>2-18-56</b>  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>  | 24b. DATE <b>2-23-56</b>   | 24c. NAME OF CEMETERY OR CREMATORY <b>Washington Park</b>   | 24d. LOCATION (City, town, or county) (State) <b>St. Louis County, Missouri</b>        |
| DATE REC'D BY LOCAL REG. <b>FEB 21 1956</b>  | REGISTRAR'S SIGNATURE <b>J. Carl Smith MD</b>  | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Ellis Funeral Home, Inc. 2820 Stoddard St.</b>  |  |

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

J. Vietti MD Childrens Hospital

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 *Fulton E. Culkin*

Licensed Embalmer No. *4198*

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.