

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

61-015868  
STATE FILE NUMBER

AMENDED  Registration District No. 317 Primary Registration District No. 547 Registrar's No. 1253

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT  
MEDICAL CERTIFICATION  
BY AFFIDAVIT OF

**FILED MAY 8 1961**

1. COUNTY St. Louis

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE Missouri b. COUNTY St. Louis

c. CITY OR TOWN Jennings Inside Limits Yes  No

d. STREET ADDRESS (If outside, give location) #4 Pohlmann Lane Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First RAY Middle CLA Last DUNN

4. DATE OF DEATH Month May Day 2 Year 1961

5. SEX male 6. COLOR OR RACE white 7. Married  Never Married  Widowed  Divorced

8. DATE OF BIRTH May 21, 1903 9. AGE (last birthday) 57

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Catalogue Technician

10b. KIND OF BUSINESS OR INDUSTRY U.S. Government

11. BIRTHPLACE (City and state or country) Scottville, Illinois 12. CITIZEN OF WHAT COUNTRY U. S. A.

13a. FATHER'S NAME James Dunn 13b. MOTHER'S MAIDEN NAME Frances Waddell 14. NAME OF HUSBAND OR WIFE Inez Dunn

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 Address Inez Dunn - #4 Pohlmann Lane

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  
PART I. DEATH WAS CAUSED BY:  
IMMEDIATE CAUSE (a) Cerebral Hemorrhage INTERVAL BETWEEN ONSET AND DEATH 1 hour  
DUE TO (b) Carcinoma of nasopharynx 7 months  
DUE TO (c) \_\_\_\_\_  
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Hypoadrenahism  
PART III. If deceased was female was there a pregnancy in last 90 days.  Yes  No  Unknown

19. WAS AUTOPSY PERFORMED? YES  NO  20a. ACCIDENT  SUICIDE  HOMICIDE  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) \_\_\_\_\_

20c. TIME OF INJURY Hour \_\_\_\_\_ Month, Day, Year \_\_\_\_\_

20d. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) \_\_\_\_\_ 20f. CITY, TOWN, OR LOCATION \_\_\_\_\_ COUNTY \_\_\_\_\_ STATE \_\_\_\_\_

21. I attended the deceased from 1956 to May 21, 1961 and last saw him alive on May 2, 1961  
Death occurred at 6:50 P.M. on the date stated above, and to the best of my knowledge from the causes stated.

22a. SIGNATURE (Doctor or title) James C. Redington M.D. 22b. ADDRESS Clayton 5 M O 956 Francis St 22c. DATE SIGNED May 5, 61

23a. BURIAL, CREMATION, REMOVAL (Specify) burial 23b. DATE May 6, 1961 23c. NAME OF CEMETERY OR CREMATORY Mt. Lebanon Cemetery 23d. LOCATION (City, town, or county) St. Louis County Missouri

24. FUNERAL DIRECTOR ADDRESS BUCHHOLZ MORTUARY-5967 W. Florissant Ave. 25. DATE RECD. BY LOCAL REG. 5-4-61 26. REGISTRAR'S SIGNATURE John B. Murphy M.D.

**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 Wilfred J. Berchko

Licensed Embalmer No. 4551

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.