

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-048295

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. **FILED DEC 2 1962** Primary Registration District No. **1003** Registrar's No. **11931** STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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DATE AMENDED

4/10/63

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

Male

SHOULD READ

Female

DOCUMENT BY AFFIDAVIT OF Informant

MEDICAL CERTIFICATION

USE BLACK INK OR TYPEWRITER RIBBON

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, give TOWNSHIP only) OR TOWN St. Louis		Length of stay in 1b	c. CITY OR TOWN St. Louis		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Lutheran Hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 3241 Indiana	
3. NAME OF DECEASED (Type or print) Freida Dunlap			First	Middle	Last
4. DATE OF DEATH Dec. 11, 1962			Month	Day	Year
5. SEX Female	6. COLOR OR RACE W	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8-27-1915	9. AGE (last birthday) 47	: UNDER 1 YEAR IF UNDER 24 HR
					Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk		10b. KIND OF BUSINESS OR INDUSTRY Retail store		11. BIRTHPLACE (City and state or country) Crocker, Mo.	12. CITIZEN OF WHAT COUNTRY U. S. A.
13a. FATHER'S NAME Joseph Duncan		13b. MOTHER'S MAIDEN NAME Ethel Prater		14. NAME OF HUSBAND OR WIFE Arvol Dunlap	
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 Arvol Dunlap - 3241 Indiana	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:					INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Myocardial Infarct due to coronary thrombosis					near 10/23/62
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)					
DUE TO (c) 4201					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)				PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	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 10/23/62 to 12/11/62 and last saw her/him alive on 12/11/62 . Death occurred at 11:30 p m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Ralph Berglund (Degree or title)			22b. ADDRESS 3203 S Grand		22c. DATE SIGNED 12/12/62
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 12-14-1962	23c. NAME OF CEMETERY OR CREMATORY Laurel Hill	23d. LOCATION (City, town, or county) St. Louis Co., Mo.		(State)
24. FUNERAL DIRECTOR ADDRESS Jay B. Smith - 7456 Manchester			25. DATE RECD. BY LOCAL REG. DEC 13 1962	26. REGISTRAR'S SIGNATURE Paul Smith, M.D.	

STATE OF ILLINOIS

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 W.P. Burgess

Licensed Embalmer No. 4029

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.

ILLINOIS STATE BOARD OF EMBALMERS