MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-048963
STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 3789

FILED JAN 10 1963

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

4002
24000

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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO.

DOCUMENT BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY: ST. LOUIS CO. ~~HOSP~~
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: CLAYTON — Length of stay in 1b: —
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: ST. LOUIS CO. HOSPITAL — Inside Limits: Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MO b. COUNTY: ST. LOUIS
c. CITY OR TOWN: — Inside Limits: Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): 6511 WHITNEY — Reside on Farm: Yes ☐ No ☑

3. NAME OF DECEASED (Type or print): First: Thurlester Middle: Last: Dunlap

4. DATE OF DEATH: Month 12 Day 22 Year 1962

5. SEX: MALE
6. COLOR OR RACE: COL
7. Married ☐ Never Married ☐ Widowed ☐ Divorced ☑
8. DATE OF BIRTH: 2-29-12
9. AGE (last birthday): 50
IF 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): POSTAL EMPLOYEE
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (City and state or country): LITTLE ROCK ARK
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: ARTHUR E. DUNLAP
13b. MOTHER'S MAIDEN NAME: RUTH GRIFFINS
14. NAME OF HUSBAND OR WIFE: —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of servi
16. SOCIAL SECURITY NO.: 6
17. INFORMANT: RUTH DUNLAP Address: 6511 WHITNEY

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line) — INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Cirrhosis of Liver, Laennec's Type With Metastatic
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. (b): Intrahepatic Biliary Carcinoma
DUE TO (c):

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Suppurative Pleurisy, Right Side; Aspiration Pneumonitis; Right Lower Lobe Lung Abscess; Superficial Gastric Ulcerations With Upper Gastrointestinal Hemorrhage

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 a.m. p.m. 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 10-19-1962, to 12-22-1962 and last saw her/him alive on 12-22-1962
Death occurred at 10:10 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): H. R. Gilcreft, M.D.
22b. ADDRESS: 601 So. Brentwood
22c. DATE SIGNED: 12-26-62

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: 12-28-61
23c. NAME OF CEMETERY OR CREMATORY: WASHINGTON PARK CEM.
23d. LOCATION (City, town, or county) (State): ST. LOUIS CO. MO.

24. FUNERAL DIRECTOR: PETTIS MORTUARY
ADDRESS: 4181 WASHINGTON
25. DATE RECD. BY LOCAL REG.: 12-26-62
26. REGISTRAR'S SIGNATURE: John G. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

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_____ Signed Esther H. Harris

Signature of Student Embalmer

Licensed Embalmer No. 4458

P. O. Address 418 Washington

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.