

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

6209

1. PLACE OF DEATH

County St. Louis Registration District No. 786
 Township Maplewood Primary Registration District No. 4968
 City Maplewood (No. 7178) Manchester St. _____ Ward _____

File No. _____
 Registered No. 16

2. FULL NAME

(a) Residence. No. _____ St. _____ Ward _____
 (Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ruth Dunie

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 25-1878

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ____ hrs. or ____ min.
49 6 22

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Merchant
 (b) General nature of industry, business, or establishment in which employed (or employer) Retail dry goods
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Geneva
 (STATE OR COUNTRY) Quercia

10. NAME OF FATHER Meyer Dunie

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Russia
 (STATE OR COUNTRY) _____

12. MAIDEN NAME OF MOTHER Janette Jolloglor

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Russia
 (STATE OR COUNTRY) _____

14. INFORMANT Mrs. Ruth Dunie
 (Address) 7278 Manchester

15. FILED 3/18, 1928 Misses Schuster
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 17th 1928.

17. I HEREBY CERTIFY, That I attended deceased from JANUARY 12th, 1928, to February 17th, 1928.
 that I last saw h. alive on February 17th, 1928, and that death occurred, on the date stated above, at 8 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
CEREBRAL HEMORRHAGE.

CONTRIBUTORY Arteriosclerosis
 (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH. _____

19. DID AN OPERATION PRECEDE DEATH? No DATE OF None

20. WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS. Blood Pressure 220 Paralysis.
 (Signed) Scott Hauer M.D., M. D.

(Address) 70 Bldg. St Louis mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Beth Ham Hag DATE OF BURIAL 2/20 1928

20. UNDERTAKER H B Berger ADDRESS 415 McPherson

N. E.—L. Cause of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MAR 26 1928

