

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

Do not use this space.

16080

1. PLACE OF DEATH

County..... Registration District No. 701
Township..... Primary Registration District No. 1013
City St. Louis, (No. 3418 Meramec Street.)

File No.....
Registered No. 4556
St..... Ward.....

2. FULL NAME John Withnell Dunn.

(a) Residence, No. 3418 Meramec Street. St. 15 Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married.

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 14 1931
17. Dec

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Alice C. Dunn.

I HEREBY CERTIFY, That I attended deceased from 1931, to Apr 14 1931, that I last saw him alive on Apr 14 1931, and that death occurred, on the date stated above, at 8:30 P.M.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 27, 1844.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
86 6 17.

Cardio Vascular Disease

8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Retired. 30 years.

(duration) 7 yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Arterio Sclerosis

(b) General nature of industry, business, or establishment in which employed (or employer) Contractor.
(c) Name of employer Building

(duration) 5 yrs. mos. ds.

9. BIRTHPLACE (CITY OR TOWN) St. Louis, (STATE OR COUNTRY) Mo. 1

18. WHERE WAS DISEASE CONTRACTED

10. NAME OF FATHER John Dunn.

IF NOT AT PLACE OF DEATH

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

DID AN OPERATION PRECEDE DEATH? no DATE OF

12. MAIDEN NAME OF MOTHER Dont Know.

WAS THERE AN AUTOPSY? no

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Dont Know. (STATE OR COUNTRY)

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) William Decker, M. D.

14. INFORMANT Mr. D. A. Warrace (Address) 3418 Meramec Street.

Apr 14 1931 (Address) 3325 S. Grand

15. FILED 15 May 1931 W. H. Standley REGISTRAR

*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 Calvary Cemetery DATE OF BURIAL Apr. 16, 1931

20. UNDERTAKER W. H. Standley ADDRESS 3418 Meramec St.

Every year or anniversary should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

