

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

Do not use this space.

16237

1. PLACE OF DEATH

County Registration District No. 791
 Township Primary Registration District No. 1003
 City St. Louis (No. 5460) King Highway St. _____ Ward _____

File No. _____
 Registered No. 4724

2. FULL NAME

(a) Residence. No. _____ St. 7 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) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 1 1871

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
59 10 19

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Clark 253
 (b) General nature of industry, business, or establishment in which employed (or employer) Trusted Gas Light Co
 (c) Name of employer _____

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

10. NAME OF FATHER John Dunder

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

12. MAIDEN NAME OF MOTHER Ellen Blake

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

14. INFORMANT Mellie Dunder
 (Address) 5460 King Highway

15. FILED Apr. 20 1931 REGISTRY

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 18 1931

17. I HEREBY CERTIFY, That I attended deceased from Mar 30 1931 to Apr 18 1931 that I last saw him alive on Apr 18 1931, and that death occurred, on the date stated above, at 12430 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
1858
Bronchitis, acute non tubercular
 (duration) _____ yrs. mos. 20 ds.

CONTRIBUTORY (SECONDARY) 10600
 (duration) _____ yrs. mos. ds.

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

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
 WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS
 (Signed) E. Mellie M. D.
Apr 20 1931 (Address) 3825 N 20

*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 Catvany DATE OF BURIAL 4/21 1931
 20. UNDERTAKER Harrigan Sheehan ADDRESS 4415 Washington
sec

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information 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.

