

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.

APR 28 1933

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

Do not use this space.

11063

1. PLACE OF DEATH
 91 County St. Louis Registration District No. 1170
 Township Central Primary Registration District No. 1170
 7 City St. Marys Hospital at Richmond 116 St. 116 Ward 116
 2. FULL NAME Michael J. Dunne
 (a) Residence, No. 8248 Monroe St. Ward 116
 (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.

File No. 67
 Registered No. 117063
 St. 116 Ward 116

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 Lillian Dunne
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 10-1885
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
47 4 20
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Monroe Pasture Farm
 10. Date deceased last worked at this occupation (month and year) March 25-32 11. Total time (years) spent in this occupation 32
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo
 13. NAME Michael Dunne
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) County Park
Ireland
 15. MAIDEN NAME Bridget Ann Derby
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland
 17. INFORMANT Paul J. Kuchner
 (ADDRESS) 8248 Monroe
 18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE April 3 1933
 19. UNDERTAKER Julius J. Kuchner
 (ADDRESS) 139 3/4 Russell Ave
 20. FILED Mar 31 1933 Rott J. Ambrosio
 Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 30 1933
 22. I, HEREBY CERTIFY, That I attended deceased from March 21 1933 to March 30 1933
 I last saw him alive on March 30 1933 Death is said to have occurred on the date stated above, at 1:45 P.M.
 The principal cause of death and related causes of importance were as follows:
Pneumonia & Kidney Calculi Date of onset unknown
1314
109 ft 134
 Other contributory causes of importance:
 Name of operation Nephrectomy Date of Mar 30 33
 What test confirmed diagnosis? 100 Was there an autopsy? Yes
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury _____
 Nature of injury _____
 24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____
 (Signed) W. H. Thomas Lowry M. D.
 (Address) 984 Woodland Blvd St. L.

Dr. ...
Academy Rd. 11
Ch 5894