

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 25 1934

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

Do not use this space.

PLACE OF DEATH

County Registration District No. **791**
Township Primary Registration District No. **1003**
City **St. Louis** (No. **Central Hospital**)

File No. **11315**
Registered No. **3217**
St. Ward)

2. FULL NAME

Anthony R. Munn
(a) Residence, No. **7208 Forsythe** St., **NR** Ward, **University City, Mo**
(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 **Stella Martha Munn**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Dec, 18, 1860**

7. AGE YEARS **73** MONTHS **3** DAYS **11** IF LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **President**

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **Munn Buss**

10. Date deceased last worked at this occupation (month and year) **Nov 30, 1934** spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Pittsburg Pa**

13. NAME **Unknown Munn**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown**

15. MAIDEN NAME **Unknown**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown**

17. INFORMANT **Mrs A. B. Munn** (ADDRESS) **# 7208 Forsythe Blvd**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Bellefontaine Cem.** DATE **3-31 1934**

19. UNDERTAKER **D. L. Lupton & Sons** (ADDRESS) **4149 Olive Street**

20. FILED **AR 30 1934** **J. J. Bredeck** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **March 29th 1934**

22. I HEREBY CERTIFY That I attended deceased from **Feb 6** to **March 29** 19**34**

I last saw him alive on **March 29** 19**34** Death is said to have occurred on the date stated above, at **3:30** p.m.

The principal cause of death and related causes of importance were as follows:

Prostatectomy 137 Date of onset **Feb 6 1934**
Chy. Interstitial Nephritis
Retention of Urine

Other contributory causes of importance: **Cardiac Asthma** **Feb 6 1934**

Name of operation **Prostatectomy** Date of **3/29/34**

What test confirmed diagnosis? **Was there an autopsy?** **No**

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 **O. C. Cairnes**, M. D. (Address) **320 Metro. Bldg**

Jaff-51.01
metropolitan Blvd.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

E. T. McGaugh, M. D.,
Special Agent,
Jefferson City, Mo.

St Louis city WASHINGTON 3217

11315

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Anthony B. Nunn
Who died at Central Hosp on Mar 29-1934
Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____
Sex m Color or race w Single, married, widowed or divorced: m

Date of birth _____ Age: Years _____ Months _____ Days _____

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. (b) Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation: Month _____ Year _____

Birthplace (State or country) _____

Birthplace of father (State or country) _____

Birthplace of mother (State or country) _____

Principal cause of death: Chc. Interstitial nephritis

Other contributory causes of importance Cardiac asthma

Name of operation Prostatectomy Date of 3-29-34 Senile

~~What test confirmed diagnosis?~~ Hypertrophy. ~~Was there an autopsy?~~

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 _____

Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

Name of physician D. C. Barnes

Address of physician 320 West 7th

Signature of Registrar J. R. Budeck ~~Dec 8-1934~~ Oct 8-1934

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Very truly yours,

Reg. Dist. No. 7-91
Primary Reg. Dist. No. 1003

E. T. McGaugh
Special Agent.

RECEIVED BY THE DIRECTOR

REGISTRATION

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