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

32321
Do not use this space.

791

1. PLACE OF DEATH
(a) County ..... Registration District No. 1003
(b) Township ..... Primary Registration District No. ..... Registered No. 8375
(c) City ST. LOUIS MO. (d) Street No. ST. ANTHONY HOSPITAL St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 11 yrs. — mos. — ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME JOHN LISTON DUNN.
(a) Residence, No. 4228 McPHERSON AV. St. 19
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: MALE
4. COLOR OR RACE: WHITE
5. ~~SINGLE, MARRIED~~, WIDOWED, OR DIVORCED (*write* the word): WIDOWER
5A. IF ~~MARRIED~~, WIDOWED, ~~OR DIVORCED~~ HUSBAND OF (~~OR~~) ~~WIFE OF~~ KATHRINE DUNN.
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) AUG. 3 - 1869
7. AGE: YEARS 68 | MONTHS 1 | DAYS 2 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. .....
9. Industry or business in which work was done, as saw mill, bank, etc. NILE
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) TENNESSEE

FATHER
13. NAME UNK DUNN.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) TENNESSEE

MOTHER
15. MAIDEN NAME UNKNOWN
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) TENNESSEE

17. INFORMANT (ADDRESS) CLIFFORD L. DUNN, 4228 McPHERSON.
18. BURIAL, CREMATION, OR REMOVAL PLACE PADUCAH KY DATE SEPT 6 1937
19. FUNERAL DIRECTOR (ADDRESS) E. J. Schnur, 3125 Lafayette av.
20. FILED SEP 6 1937 J. H. Bredeck, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) SEPT 5 1937
22. I HEREBY CERTIFY, That I attended deceased from Sept 4, 1937, to Sept 5, 1937.
I last saw him alive on Sept 5, 1937. Death is said to have occurred on the date stated above, at 4 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage (apoplexy)	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... 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) L. Berg, M. D.
(Address) 2253 Nebraska

(Licensed Embalmer's Statement on Reverse Side)

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.

000

STATEMENT BY LICENSED EMBALMER

I, James G Sullivan, Licensed Embalmer No. 2260

hereby certify that the body recorded on the reverse side of this certificate was embalmed by James G Sullivan

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed James G Sullivan

Licensed Embalmer No. 2260

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)