

6-25-1938
 1938
 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.

REC'D SEP 9 1938

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

30041
 Do not use this space.

1. PLACE OF DEATH
 (a) County St. Louis Registration District No. 784
 (b) Township..... Primary Registration District No. 115
 (c) City University City, (d) Street No. 6683 Washington Blvd. Registered No. 1416
 (If death occurred in Hospital or Institution, write its name instead of street and number) St.
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Annie Tomes Dunn
 (a) Residence, No. 6683 Washington Blvd. St. University City, Missouri.
 (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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 8, 1872

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
66 5 17

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

12. BIRTHPLACE (CITY OR TOWN) Jefferson City, 0
 (STATE OR COUNTRY) Missouri.

FATHER
 13. NAME John W. Tomes 4
 14. BIRTHPLACE (CITY OR TOWN) 0
 (STATE OR COUNTRY) England

MOTHER
 15. MAIDEN NAME Martha Reavis
 16. BIRTHPLACE (CITY OR TOWN)
 (STATE OR COUNTRY) Missouri.

17. INFORMANT Doris Dunn,
 (ADDRESS) 6683 Washington Blvd.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Valhalla Cemetery DATE August 27, 1938

19. FUNERAL DIRECTOR Robert J. Ambruster
 (ADDRESS) Clayton Road and Concordia Lane

20. F. AUG 25 1938 T. R. Meyer, M.D., P.H.
AUG 26 1938 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 25, 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug 17, 1938 to Aug 25, 1938
 I last saw her alive on Aug 25, 1938 Death is said to have occurred on the date stated above, at 8:22 a.m.
 The principal cause of death and related causes of importance were as follows:
Myocarditis - Chronic
Chronic Arthritis
 Date of onset years
30yr

Other contributory causes of importance:
Chronic Arthritis

Name of operation..... Date of.....
 What test confirmed diagnosis Physiologist 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 Sun F. Bean, M. D.
 (Signed) 3720 Washington,
St. Louis, Mo.
 7-7 (Address)

STATEMENT BY LICENSED EMBALMER

I, Edward H. Beckhorst, Licensed Embalmer No. 2502

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed Edward H. Beckhorst

Licensed Embalmer No. 2502

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