AN -6 1939

FEB - 1939

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

3791
Do not use this space.

1. PLACE OF DEATH
(a) County St. Louis — Registration District No. 784
(b) Township ~~Clayton~~ — Primary Registration District No. 101 — Registered No. 2163
(c) City Clayton — (d) Street No. St. Louis County 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 500 Jesse Dunn
(a) Residence, No. St. Jonesburg, Mo.
(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): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Delia Dunn
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov. 27-1884
7. AGE: YEARS 54 — MONTHS 1 — DAYS 4 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Farmer
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): 12/29
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Illinois

FATHER
13. NAME: Thomas Dunn
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Illinois

MOTHER
15. MAIDEN NAME: Delia Schaffer
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Illinois

17. INFORMANT (ADDRESS): Bernard Murphy, Warrenton, Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Warrenton, Mo. DATE 1-8-39 19
19. FUNERAL DIRECTOR (ADDRESS): Mischie Und. Co. Warrenton, Mo.
20. FILED JAN -5 1939 19 T. R. Meyer M.D. Dr. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec. 31 1938
22. I HEREBY CERTIFY, That I attended deceased from Dec. 31, 1938, 19..., to ..., 19...
I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 11.55AM
The principal cause of death and related causes of importance were as follows:

	Date of onset
Automobile collision. While operating an automobile on a public highway which collided with another automobile.	12/25/38

Other contributory causes of importance:
Multiple fractures of ribs of both sides with hemo-pneumothorax. 12/25/38

Name of operation ... Date of ...
What test confirmed diagnosis? physical signs Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? accident Date of injury 12/25/38
Where did injury occur? Chesterfield, Mo. (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Public place
Manner of injury automobile collision
Nature of injury multiple fractures of ribs.

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) John O'Connell M. D.
(Address) Coroner of St. Louis County, Mo.

(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.

1 X12004

STATEMENT BY LICENSED EMBALMER

I, Earl F. Hillemann, Licensed Embalmer No. 3501

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

3039 L. E. + Earl F. Hillemann #3501

No. ..... or by ....., Registered Apprentice No. .....

working under my personal supervision.

Signed Oscar F. Mueller

Licensed Embalmer No. 3039

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.)