DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 575

Registration District No. 791 — Primary Registration District No. — Registrar's No. 575

1. PLACE OF DEATH:
(a) County: St Louis, Mo.
(b) City or town: (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Homer G. Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: In this community: 35 years, (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri. (b) County: St Louis.
(c) City or town: St Louis (If outside city or town limits, write "RURAL")
(d) Street No.: ~~519 N. Taylor Ave, Kirkwood,~~ 2600 Lime St Star Hotel (If rural, give location)
(e) If foreign born, how long in U. S. A.? U.S.A. years.

3. (a) PRINT FULL NAME: Andrew Dunn, Sr
3. (b) If veteran, name war: XXX
3. (c) Social Security No.: XXX
4. Sex: Male
5. Color or race: Col
6. (a) Single, widowed, married, divorced: Widower
6. (b) Name of husband or wife: deceased
6. (c) Age of husband or wife if alive: deceased years
Carrie
7. Birth date of deceased: Oct (Month) 14th, (Day) 1868. (Year)

8. AGE: Years 71 | Months 3 | Days 2 | If less than one day ____ hr. ____ min.

9. Birthplace: Kirkwood, (City, town, or county) Missouri. (State or foreign country)
10. Usual occupation: Laborer,
11. Industry or business: Odd Jobs,

FATHER
12. Name: Andrew Dunn,
13. Birthplace: (City, town, or county) Kentucky, (State or foreign country)

MOTHER
14. Maiden name: Maria Martin,
15. Birthplace: (City, town, or county) Virginia. (State or foreign country)

16. (a) Informant's own signature: Martha Dunn
(b) Address: 519 N. Taylor, Ave, Kirkwood, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Jan'y 22/40. (Month) (Day) (Year)
(c) Place: burial or cremation: Father Dickson Cem'try
18. (a) Signature of funeral director: John H. Hemphill
(b) Address: 408. S. Fillmore, Kirkwood, Mo.
19. (a) JAN 20 1940 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Jan'y day: 16th, year: 1940. hour: 4:10 P.M. minute: P. M.

21. I hereby certify that I attended the deceased from ____, 19__, to ____, 19__; that I last saw h alive on ____, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary Sclerosis	
Due to: Cyothorax	
Due to:	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify kind of place)
While at work? (e) Means of injury
23. Signature: Alfred Perry (M. D. or other)
Address: Deputy Coroner Date signed: 1-20-40

(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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Myself, Registered Apprentice No. _____

working under my personal supervision.

Signed [illegible]

Licensed Embalmer No. 2266.

P. O. Address 2812, Thomas, St, StLou

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

If this body is not embalmed, above space should be left blank.