

Registration District No. 791

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital, #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Mo. 4 Days
(Specify whether
In this community 37 years
years, months or days)

3. (a) PRINT FULL NAME Alexander Dunn

(b) If veteran, name war none 3. (c) Social Security No. 491-18-3825

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Unknown
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
@	71			hr. _____ min.

9. Birthplace Canada
(City, town, or county) (State or foreign country)

10. Usual occupation Hotel Business

11. Industry or business 9

MOTHER FATHER { 12. Name Unknown

13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant John H. Boggs

(b) Address Grand Falls, Texas

17. (a) Burial (b) Date thereof Sent 14th 40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine

18. (a) Signature of funeral director agoner Ind Co.

(b) Address 3621 Olive Street

19. (a) SEP 14 1940 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis. 12
(If outside city or town limits, write "RURAL")
(d) Street No. Usona Hotel
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 40 years. years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 13,
year 1940 hour 2:00 minute _____ P. M.

21. I hereby certify that I attended the deceased from August
9, 1940, to September 13, 1940
that I last saw him alive on September 13, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Old Left Hemiplegia 1 month
Due to Cerebral Thrombosis 1 month
Due to Generalized Arterio sclerosis 10 yrs.

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations 826
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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature James T. Murphy (M. D. or other)
Address 6515 Lafayette Ave Date signed 9/13/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Not embalmed

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed:.....

Licensed Embalmer No.....

P. O. Address.....

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.)

If this body is not embalmed, fact should be so stated above.