S. No. 2
—11-10-39
5-17-39
I X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 30476

Registration District No. 791 25 1003

Primary Registration District No.

Registrar's No. 7753

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Blanton Co. 2nd & Spruce St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 (Specify whether
In this community 65 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis 26
(If outside city or town limits, write "RURAL")

(d) Street No. 1225 A Sullivan Ave.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Thomas John Dunn

3. (b) If veteran, name war No

3. (c) Social Security No. 488-10-9049

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Anna Dunn

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased Oct. 12, 1874
(Month) (Day) (Year)

8. AGE: Years 65 Months 11 Days 4 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) 0 (State or foreign country)

10. Usual occupation Laborer 9

11. Industry or business Blanton Co. 9

FATHER
12. Name John Dunn
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Sarah Graves
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Anna Dunn
(b) Address 1225 A Sullivan Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 19, 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Wm. F. Paschedag
(b) Address 2825 N. Grand Blvd.

19. (a) SEP 17 1940 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 16th
year 1940 hour 8 minute 30 A M.

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

Immediate cause of death Coronary Sclerosis

Due to with Occlusion

Due to Chronic Fibrous Myocarditis

Other conditions
(Include pregnancy within 3 months of death)

Major findings: Aortic Stenosis
Of operations

Of autopsy

Duration

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 type of place)
While at work? (e) Means of injury 5

23. Signature Joseph M. Quinn (M. D. or other)
Address Deputy Coroner Date signed

(Licensed Embalmer's Statement on Reverse Side)

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 Guy W Wilkinson

Licensed Embalmer No. 3575

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, above space should be left blank.