No. 2
-13-40
17-39
X23159

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. 33654

NOV 16 1940

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 8351

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: Faith Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution one month
In this community 72 yrs. 3 mos. 21 das
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

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

(d) Street No. 2910 N. Broadway
(If rural, give location)

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

3. (a) PRINT FULL NAME Michael Dunn

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex male

5. Color or race white

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

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

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

7. Birth date of deceased June 16, 1868
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
72	3	21	hr. min.

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

10. Usual occupation warehouse man, retired

11. Industry or business Int'l Harvester Co.

MOTHER FATHER

12. Name Andrew Dunn

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

14. Maiden name Margaret Behen

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

16. (a) Informant Margaret Dunn

(b) Address Litchville, Ill

17. (a) burial (b) Date thereof Oct. 10, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Litchville, Ill

18. (a) Signature of funeral director Goodhart & Goodhart

(b) Address 2228 St. Louis Ave

19. (a) OCT 8 1940 (b) [signature]
(Date received local registrar) Registrar's signature

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 7, 1940.
year hour 1030 A.M. minute M.

21. I hereby certify that I attended the deceased from 8/9/40, 19, to 10/7/40. 19..;
that I last saw him alive on 10/1/40. 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis — Duration

Due to

Due to

Other conditions Apoplexy
(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 type of place)

While at work? (e) Means of injury

23. Signature C. J. Signorelli (M. D. or other)

Address 1829 Carr Date signed 10/1/40

(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 Charles J. Goodhart

Licensed Embalmer No. 2777

P. O. Address St. Louis, Mo

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, fact should be so stated above.