

2
4-13-40
-17-39
X 23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 2 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 33569

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 8527

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 5 Days
(Specify whether _____)
In this community _____
years, months or days)

3. (a) PRINT FULL NAME John H. 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 Sadie Dunn
6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased September 28, 1866
(Month) (Day) (Year)

8. AGE: Years 75 Months 0 Days 26
If less than one day hr. _____ min.

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

10. Usual occupation Retired Clerk 8 Years

11. Industry or business _____

12. Name David M. Dunn

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 Rodney Dunn

(b) Address 3611 Connecticut

17. (a) Removal (b) Date thereof 10-26-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oran, Missouri

18. (a) Signature of funeral director Southern Funeral Home
(b) Address 6322 S. Grand Blvd.

19. (a) OCT 28 1941 (b) J. F. Brudeck
(Date received at local health office) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis
(If outside city or town limits, write "RURAL") 17/6
(d) Street No. 3611 Connecticut
(If rural, give location) 9
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 24,
year 1941 hour 11:55 minute _____ P. M.

21. I hereby certify that I attended the deceased from October 20,
1941 to October 24, 1941;
that I last saw him alive on October 24, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Senile dementia _____
Duration Months

Due to _____
Due to 167a

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

Major findings:
Of operations _____
Of autopsy refused

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 MacCarley (M. D. or other) _____
Address 1515 Lafayette Avenue Date signed 10/25/41

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

MOTHER FATHER

DEMENTIA
Senile

8527

8527

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 Virgil L. Berryman

Licensed Embalmer No. 4098

P. O. Address St. Louis Mo.

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.