

S. No. 2  
M-5-43  
5-17-39  
1 X36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

36309

State File No. \_\_\_\_\_

FILED DEC 13 1943

Registration District No. **818** Primary Registration District No. **1003**

Registrar's No. **10650**

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:  
Christian Hosp.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 9 days  
(Specify whether  
In this community 0  
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. 704 Carrie Ave.  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Mary C. Dunnen

3. (b) If veteran, name war None 3. (c) Social Security No. None

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

6. (b) Name of husband or wife William J. Dunnen 6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased March 22, 1888  
(Month) (Day) (Year)

8. AGE: Years 55 Months 8 Days 11 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Housewife

MOTHER FATHER

11. Industry or business \_\_\_\_\_

12. Name Henry Siffley  
13. Birthplace Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Mollie Duggan  
15. Birthplace Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant William J. Dunnen  
(b) Address 704 Carrie Ave.

17. (a) Burial (b) Date thereof 12/6/43  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director [Signature]  
(b) Address 2117 E. Grand Blvd.

19. (a) DEC 4 1943 J. F. Bredeck  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 3  
year 1943 hour 3 minute 55 A.M.

21. I hereby certify that I attended the deceased from Nov.  
1943 to Dec 3, 1943  
that I last saw h. alive on Dec 2, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death: Hemiplegia right  
due myocarditis  
Due to \_\_\_\_\_

Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy none

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 [Signature] (M. D. or other) M.D.  
Address 5738 W. F. Lincoln Date signed 12-3-43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

**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 Frank A. Moore

Licensed Embalmer No. 3041

P. O. Address 2117 E. Grand

**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.**