S. No. 2
M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 4 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 39091

Registration District No. 317 | Primary Registration District No. 6076 | Registrar's No. 2651

1. PLACE OF DEATH:

(a) County St. Louis,
(b) City or town Ellisville, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Copley Nursing Home, 4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 years. (Specify whether years, months or days)
In this community 3 years.

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis,
(c) City or town Valley Park,
(If outside city or town limits, write "RURAL")
(d) Street No. Church Rd.
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Ellen Dunn,

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 Single

6. (b) Name of husband or wife —

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

7. Birth date of deceased Apr. (Month) 28 (Day) 1859 (Year)

8. AGE: Years 84 | Months 6 | Days 29 | If less than one day ___ hr. ___ min.

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

10. Usual occupation School teacher, (Retired)

11. Industry or business Grammar Schools.

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

MOTHER
14. Maiden name Margaret Coffey,
15. Birthplace Unknown (City, town, or county) Ireland. (State or foreign country)

16. (a) Informant Mrs. Catherine Picraua,
(b) Address 621 Fair Oaks, Webster Groves, Mo.

17. (a) Burial, (Burial, cremation, or removal) (b) Date thereof Nov. 30 (Month) 43 (Day) (Year)
(c) Place: burial or cremation St. Francis Borgia Cem. Washington, Mo.

18. (a) Signature of funeral director Schrader Funeral Home,
(b) Address Ballwin, Mo.

19. (a) DEC 1 1943 (Date received local registrar) (b) E. G. McGavran M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 27, year 1943 hour 8 minute — P.M.

21. I hereby certify that I attended the deceased from 10/15/43, 19..., to ..., 19...; that I last saw h[illegible] alive on 11/26/43, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Acute Cardiac dilatation	1 day
Due to Cerebral Hemorrhage	6 Mo.
Due to Arteriosclerosis	5 yrs.
Other conditions (Include pregnancy within 3 months of death) Chr. Myocarditis	5 yrs.

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 R. A. Theslee (M. D. or other) M.D.
Address Kirkwood, Mo. Date signed 11/29/43

707 (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 Theo. Schrader

Licensed Embalmer No. 3066

P. O. Address Ballwin, 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.