

S. No. 2
M-5-43
5-17-39
X36871

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39092
Registrar's No. 2597

FILED NOV 27, 1943

Registration District No. _____

Primary Registration District No. 6076

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

1. PLACE OF DEATH:

(a) County St. Louis County
(b) City or town Castlewood
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Suntag Road 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 60 years years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis County
(c) City or town Castlewood
(If outside city or town limits, write "RURAL")
(d) Street No. Suntag Road (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Patrick J. Dunne

3. (b) If veteran, name war No 3. (c) Social Security No. No.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Mary Anne Dunne 6. (c) Age of husband or wife if alive Deceased years
7. Birth date of deceased March 17, 1862 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
81 8 5 hr. min.

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

10. Usual occupation Retired Salesman

11. Industry or business Self

12. Name Edward Dunne

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

14. Maiden name Mary Barry

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

16. (a) Informant Mrs. Edward Dunne

(b) Address Castlewood, Mo.

17. (a) Burial (b) Date thereof 11/24/43 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calyaux Cemetary

18. (a) Signature of funeral director Howard Funeral Home

(b) Address 4212 St. Louis Avenue

19. (a) NOV 24 1943 (b) E. S. McHarran, M.D. (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 22 year 1943 hour 5:00 minute 1 M.

21. I hereby certify that I attended the deceased from Nov. 1, 1943 to November 22, 1943 that I last saw him alive on Nov. 21, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy 930

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) (e) Means of injury _____

23. Signature B.R. Loving (M.D. or other) md

Address Ballwin, Mo. Date signed 11-22-43

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

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.....

John Agrioski

Licensed Embalmer No.....

3398

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, fact should be so stated above.