S. No. 2
0M—2-43
v. 5-17-39
I X35597

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 1 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

4262

State File No.

Registration District No. 317 Primary Registration District No. 6076 Registrar's No. 64

1. PLACE OF DEATH:
(a) County St Louis
(b) City or town Valley Park
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 28 Forest Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

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") 0
(d) Street No. 28 Forest Ave
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Flora Alice Dunn
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife John F. Dunn
6. (c) Age of husband or wife if alive 68 years
7. Birth date of deceased June (Month) 26 (Day) 1875 (Year)

8. AGE: Years	Months	Days	If less than one day
68	6	12	hr. min.

9. Birthplace Rolla (City, town, or county) Missouri (State or foreign country) 0
10. Usual occupation Retired housewife
11. Industry or business
FATHER 12. Name Dan Payne
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)
MOTHER 14. Maiden name Unknown Unknown
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)
16. (a) Informant John F. Dunn
(b) Address 28 Forest Ave, Valley Park
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-11-44 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Hill Cemetery
18. (a) Signature of funeral director Louis H. Bopp, Inc
(b) Address 131 W. Argonne Dr. Kirkwood, Mo.
19. (a) JAN 11 1944 (Date received local registrar) (b) E. J. McGowan, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 8 year 1944 hour 6 minute 15 P.M.
21. I hereby certify that I attended the deceased from Sept 1st 1942 to Jan. 8 1944 that I last saw her alive on Jan. 7 1944 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Respiratory failure	2 days
Due to Carcinoma of uterus	2 yrs.
Due to	
Other conditions (Include pregnancy within 3 months of death) Chronic nephritis	

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 Clara M. Sebert (M. D. or other) MD
Address Valley Park Mo Date signed 1/10/44

(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 ~~Felix Durand~~, Registered Apprentice No. ~~3034~~, working under my personal supervision.

Signed Felix Durand

Licensed Embalmer No. 3034

P. O. Address Kirkwood 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.