

FILED FEB 18 1944

318

Primary Registration District No.

1003

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis, Mo/
 (b) City or town St. Louis, Mo/
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
4036a DeTonty /
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution None
 (Specify whether
 In this community 40 Years
 years, months or days)

3. (a) PRINT FULL NAME JEROME OSCAR DUNN

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Anna 6. (c) Age of husband or wife if alive 70 years
 7. Birth date of deceased Sept. 26th 1862
 (Month) (Day) (Year)

8. AGE: Years 81 Months 4 Days 7 If less than one day hr. min.

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

10. Usual occupation Plasterer

11. Industry or business

MOTHER FATHER { 12. Name Washington Dunn
 13. Birthplace Grandview, Ills
 (City, town, or county) (State or foreign country)
 14. Maiden name Sarah J. Wallace
 15. Birthplace Grandview, Ills.
 (City, town, or county) (State or foreign country)

16. (a) Informant Anna Dunn
 (b) Address 4036a DeTonty

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/7/44
 (Month) (Day) (Year)
 (c) Place: burial or cremation Oak Grove Cem.

18. (a) Signature of funeral director A. N. McLaughlin
 (b) Address 2301 Lafayette Ave.

19. (a) Signature of registrar J. F. Bredeek (Registrar's signature)
 FEB 7 1944

(Licensed Embalmer's Statement on Reverse Side)

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")
 (d) Street No. 4036a DeTonty (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 3rd
 year 1944 hour 6 minute 10 P.M.

21. I hereby certify that I attended the deceased from Aug 1943 to Feb 3rd 1944
 that I last saw him alive on Feb 3rd 1944
 and that death occurred on the date and hour stated above.

Immediate cause of death venemia
 Due to Senility of Chronic nephritis
 Due to none
 Other conditions (Includes pregnancy within 3 months of death) none

Major findings of operations none
 Of autopsy none

Duration

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) no
 (b) Date of occurrence none
 (c) Where did injury occur? none (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
 While at work? none (Specify type of place) (e) Means of injury 0

3. Signature Preston C. Hall (M. D. or other)
 Address 3902a Lafayette Date signed 2/5/44

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 L.R. Cooper

Licensed Embalmer No. 3633

P. O. Address. 2317 Lafayette

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.