

S. No. 2  
 00M-5-43  
 Rev. 5-17-39  
 I X36871

THE STATE BOARD OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. **15075**  
 Registrar's No. **4612**

**FILED JUN 4 1945 18**  
 Registration District No. \_\_\_\_\_

Primary Registration District No. **1003**

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

**1. PLACE OF DEATH:**  
 (a) County St. Louis  
 (b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: Missouri-Baptist Hospital  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 67 years (Specify whether years, months or days)

**3. (a) PRINT FULL NAME** Mr. Jesse L. Dunning  
 3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex male 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 January 9th. 1864  
(Month) (Day) (Year)

8. AGE: Years 81 Months 4 Days 14 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Laborer

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

MOTHER FATHER

12. Name unknown  
 13. Birthplace unknown  
(City, town, or county) (State or foreign country)  
 14. Maiden name unknown  
 15. Birthplace unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Irene Graubner  
 (b) Address 4526 Page Blvd.

17. (a) cremation (b) Date thereof 5-26-45  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Valhalla Crematory

18. (a) Signature of funeral director Hy. Leidner U. Co.  
 (b) Address 2223 St. Louis Ave.

19. (a) MAY 25 1945 (b) J. F. Brebeck  
(Date received local registrar) (Registrar's signature)

**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. 808a Mound St.  
(If rural, give location)  
 (e) Citizen of foreign country? 0 (Yes or No)  
 If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month May day 23rd.  
 year 1945 hour 2:15 AM. minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from 5-10-45, 19 to 5-23-45, 19;  
 that I last saw him alive on 5/23/45, 19,  
 and that death occurred on the date and hour stated above.

Immediate cause of death Tuberculosis Pneumonia  
 Due to infection  
 Due to Seborrheic Skin

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

Major findings: 107  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

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 RK Gaudin (M. D. or other) 7/2/45  
 Address 4922 Montclair Date signed \_\_\_\_\_

*Dr. R. H. Andrews*

**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 P. Buchholz*.....

Licensed Embalmer No. *1674*.....

P. O. Address *2223 St. Louis Ave*.....

**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.**