S. No. 2
M—2-43
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 6 1946

318

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7390

Registration District No. _____ Primary Registration District No. 1003 Registrar's No. 1801

1. PLACE OF DEATH:
(a) County: St. Louis
(b) City or town: _____ (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 5614 Kennerly (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: _____ (If outside city or town limits, write "RURAL")
(d) Street No.: 5614 Kennerly (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME: Timothy Dunne
3. (b) If veteran, name war: No
3. (c) Social Security No.: 491-18-0119
4. Sex: Male
5. Color or race: Wh
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: Ellen
6. (c) Age of husband or wife if alive: _____ year
7. Birth date of deceased: May (Month) 19 (Day) 1869 (Year)

8. AGE: Years 76 Months 9 Days 3 If less than one day _____ hr. _____ min

9. Birthplace: Ireland (City, town, or county) (State or foreign country)
10. Usual occupation: Clerk
11. Industry or business: Dry Goods
12. Name (Father): Timothy Dunne
13. Birthplace (Father): Ireland (City, town, or county) (State or foreign country)
14. Maiden name (Mother): Maria Boyle
15. Birthplace (Mother): Ireland (City, town, or county) (State or foreign country)
16. (a) Informant: Margaret Dunne
(b) Address: 5614 Kennerly
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 2-25-46 (Month) (Day) (Year)
(c) Place: burial or cremation: Calvary
18. (a) Signature of funeral director: Chas. F. Stuart
(b) Address: 1225 Union Blvd
19. (a) FEB 28 1946 (Date received local registrar) J. F. Breaux (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 22 year 1946 hour 4 minute P.M.
21. I hereby certify that I attended the deceased from Feb. 2, 1946 to Feb. 22, 1946 that I last saw him alive on Feb. 22, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic myocarditis
Due to: Senility
Due to: _____
Other conditions (Include pregnancy within 3 months of death): _____
Major findings: Of operations _____ Of autopsy _____

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) _____
(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) While at work? _____ (e) Means of injury _____

23. Signature: A. J. Rettinger (M. D. or other)
Address: 2745 No. Grand Blvd. Date signed: 2/27/46

(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 John Agowski

Licensed Embalmer No. 2398

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.