V. S. No. 2
0M—1/47
Rev. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 13 1947

Registration District No. 3/7

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6076

State File No. 33289

Registrar's No. 2013

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Pine Lawn (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Mother of Good Council Home 5 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County 000
(c) City or town St. Louis 17 (If outside city or town limits, write "RURAL")
(d) Street No. 6365 Clayton Rd. 9 (If rural, give location)
(e) Citizen of foreign country? (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME ANNIE DUNN
3. (b) If veteran, name war None
3. (c) Social Security No.

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widow 2
6. (b) Name of husband or wife Late Christopher
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Mar. (Month) 31 (Day) 1874 (Year)

8. AGE: Years 73 Months 5 Days 23 If less than one day hr. min.

9. Birthplace Manchester (City, town, or county) Mo. 0 (State or foreign country)
10. Usual occupation Housework
11. Industry or business
FATHER
12. Name John Fussner
13. Birthplace Manchester (City, town, or county) Mo. 0 (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)
16. (a) Informant Joseph Dunn
(b) Address 6365 Clayton Rd.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-27-47 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director Kriegshauser Und. Co.
(b) Address 4228 So. Kingshighway Bl.
19. (a) 9-30-47 (Date received local registrar) (b) Beula J. Shaw (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sep't. day 24 year 1947 hour 9:25 minute P. M.

21. I hereby certify that I attended the deceased from Mar-26th- 1946, to Sept-24th, 1947; that I last saw her alive on Sept-24th-, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Hemiplegia Left 93

Due to Cerebral apoplexy Rt.

Due to Senile type

x Myo-carditis, decompensated ?

Other conditions Hypertension. (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy No.

Duration

PHYSICIAN
Underline the cause of 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 0

23. Signature Luke B. Timmons (M. D. or other)
Address 3734- Jennings Road Date signed 9/26/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

3734 Jennings Rd. 1-7 FRI.

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 Richard W. Stovesand

Licensed Embalmer No. 4007

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.