S. No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

10118

State File No.

FILED APR 7 1948

Registration District No. 318 Primary Registration District No. Registrar's No. 2906

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17
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: DePaul Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 70 days (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED: 1003

(a) State Missouri (b) County 000

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 3970 Botanical Ave.
(If rural, give location)

(e) Citizen of foreign country? 17 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Evelyn Dundon

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex female

5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Michael J. Dundon

6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased November (Month) 30, (Day) 1881 (Year)

8. AGE:

Years	Months	Days	If less than one day
66	3	23	hr. min.

9. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business At Home

FATHER
12. Name James J. McNulty
13. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Rose Ann Baker
15. Birthplace St. Louis, Missori
(City, town, or county) (State or foreign country)

16. (a) Informant Michael J. Dundon
(b) Address 3970 Botanical Avenue

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March 26, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Wm. J. Robert L. & U. Co.
(b) Address 1905 So. Grand Blvd.

19. (a) MAR 25 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 23
year 1948 hour 4 minute 40 P. M.

21. I hereby certify that I attended the deceased from Jan 15 1948, 19, to March 23, 1948; that I last saw her alive on Mar 23 1948, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Hypertensive heart disease	
Due to: Fr Hip-rt (Healed)	Healing
Due to: Fr Abdomen rt (Healed)	Healing
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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 Jan 15 1948.

Where did injury occur? In Home 3970 Botanical
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? In Home
(Specify type of place)

While at work? (e) Means of injury Fell down cellar stairs

23. Signature R H Rewing (M. D. or other) M.D.

Address 2342 St Louis Date signed 3/24

Jefferson City Printing Co. (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 J. Allen Davis Jr.

Licensed Embalmer No. 4053

P. O. Address St Louis 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.