

FILED JUL 6 1948

Registration District No. **577**

Primary Registration District No. **3063**

Registrar's No. **1424**

1. PLACE OF DEATH:

(a) County **St. Louis County**
(b) City or town **Clayton, Mo.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis County Hospital
(If not in hospital or institution, write street number of location)
(d) Length of stay: In hospital or institution **12 hrs**
(Specify whether years, months or days) **18 yrs**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Louis**
(c) City or town **Riverview Gardens**
(If outside city or town limits, write "RURAL")
(d) Street No. **580 Lecaton**
(If rural, give location)
(e) Citizen of foreign country? **yes** (Yes or No)
If yes, name country

3: (a) PRINT FULL NAME **Harold Dunn**

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

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 **10 - 9 - 1926**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
21 7 28 hr. min.

9. Birthplace **Hannibal Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Cement worker**

11. Industry or business **Lees by Mathison Co.**

12. Name **Harry E. Dunn**

13. Birthplace **Hecker, Ill.**
(City, town, or county) (State or foreign country)

14. Maiden name **Marg Smith**

15. Birthplace **Macedon Co., Ill.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mary Dunn, Mother**

(b) Address **580 Lecaton**

17. (a) **Burial** (b) Date thereof **JUNE 9 - 1948**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **NEW BETHLEHEM REM.**

18. (a) Signature of funeral director **Diedrich F. Home**

(b) Address **2319 Wells Ferry Rd**

19. (a) **6-8-48** (b) **[Signature]**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **6th**
year **1948** hour **4** minute **50 P.M.**

21. I hereby certify that I attended the deceased from **June 6th 4:30 am, 1948**, to **June 6th 4:50 am, 1948**
that I last saw him alive on **June 6th, 1948**
and that death occurred on the date and hour stated above.

Immediate cause of death **Edema of the lungs**
Depressed, Compt Skull fracture
= Brain laceration
Cerebral hemorrhage.
Duration **29 hrs**

Due to **170C-8**
Other conditions (Include pregnancy within 3 months of death)
27

Major findings: Of operations
Of autopsy **Same as above**
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) **struck railway bridge**
(b) Date of occurrence **6-6-48**
(c) Where did injury occur? **@ Chambers Rd. 14, 996**
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public Highway
(Specify type of place)
While at work? (e) Means of injury

23. Signature **Wilson H Brown** (M. D. or other)
Address **601 Brentwood Blvd** Date signed **6/6/48**

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

MOTHER FATHER

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 Frank J. Hand

Licensed Embalmer No. 2675

P. O. Address St Louis

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.