

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 6 1948

21675

State File No. _____

Registration District No. 567

Primary Registration District No. 4467

Registrar's No. 1490

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Valley Park
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
35 Marshall Ave.
(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 Missouri (b) County St. Louis
(c) City or town Valley Park
(If outside city or town limits, write "RURAL")
(d) Street No. 35 Marshall Ave.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Joseph Edward Dunn
3. (b) If veteran, name war _____ 3. (c) Social Security No. 489-26-2083

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month JUNE day 11
year 1948 hour TEN -05 minute _____ P. M.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Dora Dunn
6. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased May 27 1875
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from EMERGENCY 19 on June 11 1948
that I last saw him alive on June 11 1948
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>73</u>	<u>0</u>	<u>14</u>	hr. _____ min. _____

Immediate cause of death MYOCARDIAL DECOMPENSATION Duration 6 days

9. Birthplace Harvel Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation Filling Station Att.

Due to Chronic MYOCARDITIS
Due to 93 d

11. Industry or business _____
12. Name Robert F. Dunn
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Neice Abernathy
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) _____

16. (a) Informant Robert F. Dunn
(b) Address 35 Marshall Ave., Valley Park
17. (a) Burial (b) Date thereof 6/14/48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Oak Hill Cemetery

Major findings:
Of operations _____
Of autopsy _____

18. (a) Signature of funeral director Louis H. Bopp, Inc.
(b) Address 131 W. Argonne Dr., Kildwood
19. (a) 6-15-48 (b) Beverly J. [Signature]
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
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? 2

(Licensed Embalmer's Statement on Reverse Side)

While at work? _____ (Specify type of place)
(e) Means of injury _____
23. Signature [Signature] (M. D. or other) D.O.
Address VALLEY PARK, MO Date signed _____

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.....

Philip Howard

Licensed Embalmer No. 3034

P. O. Address. Kirkwood (22

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.