

FEDERAL SECURITY AGENCY  
National Office of Vital Statistics  
**FILED AUG 23 1948**  
Registration District No. **318**

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. **1003**

State File No. **27662**  
Registrar's No. **7038**

1. PLACE OF DEATH:

(a) County **ST LOUIS**  
(b) City or town **ST LOUIS**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution **ST JOHNS HOSPITAL**  
(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)

3. (a) PRINT FULL NAME **SISTER R. M. BERNARD DUNNE**

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

5. Color or race **WHITE** 6. (a) Single, widowed, married, divorced **SINGLE**  
4. Sex **FEMALE** 6. (b) Name of husband or wife. 6. (c) Age of husband or wife if

7. Birth date of deceased **JUNE 14 1875**  
(Month) (Day) (Year)

8. AGE: Years **73** Months **1** Days **26** If less than one day  
hr. min.

9. Birthplace **N.Y.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **RELIGIOUS**

11. Industry or business

12. Name **PATRICK DUNNE**  
13. Birthplace **IRELAND**  
14. Maiden name **ELIZABETH O'CONNELL**  
15. Birthplace **IRELAND**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Sister M. Brendon**  
(b) Address **307 So. Euclid Ave.**

17. (a) **BURIAL** (b) Date thereof **8/12/48**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **SISTERS OF MERCY CEM.**

18. (a) Signature of funeral director **P. Muller**  
(b) Address **5165 Delmar Pl.**

19. **AUG 11 1948** (b) **J. Bledock**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO** (b) County **000**  
(c) City or town **ST. LOUIS**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **307 So. Euclid Ave**  
(If rural, give location)  
(e) Citizen of foreign country? (Yes or No)

If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **AUG** day **10** year **1948** hour **59** minute **50 A.M.**

21. I hereby certify that I attended the deceased from **Jan 10 - 1940**  
to **Aug 10 1948**  
that I last saw him alive on **8/10/48**  
and that death occurred on the date and hour stated above.

Immediate cause of death

**General Carcinomatosis**  
Due to **Site not determined**  
Due to

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  
(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?  
While at work?

23. Signature **Leo Bayler** (M. D. or other)  
Address **1111 W. 12th St.** Date signed **8/14/48**

**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

*H. G. Farris*

Licensed Embalmer No.

*3384*

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.