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FILED OCT 4 1948

6076

Registration District No. 1948

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County: St. Louis, Missouri
(b) City or town: Ellisville
(c) Name of hospital or institution: Sunset Sanitarium
(d) Length of stay: In hospital or institution: 4 1/2 years
In this community: 4 1/2 years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo.
(b) County: St. Louis, Mo.
(c) City or town: Ellisville
(d) Street No.: Highway 50
(e) Citizen of foreign country? no

3. (a) PRINT FULL NAME: Thomas J. Dunn.
3. (b) If veteran, name war: none
3. (c) Social Security No.: none

20. DATE OF DEATH: Month: Sept., day: 17, year: 1948, hour: 11, minute: 30 A.M.

4. Sex: Male, Color or race: white
5. (a) Single, widowed, married, divorced: widower
6. (b) Name of husband or wife: Effie M. Dunn.
6. (c) Age of husband or wife if alive: 6, 1866
7. Birth date of deceased: June, 6, 1866

21. I hereby certify that I attended the deceased from Jan 1, 1948, to Sept. 17, 1948, that I last saw him alive on Sept. 16, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic nephritis with uremia
Due to: Arteriosclerotic changes
Due to: 131 lb
Other conditions: Chronic myocarditis

8. AGE: Years: 82, Months: 3, Days: 11

9. Birthplace: Cabadie, Mo.

10. Usual occupation: Farmer

11. Industry or business: Own farm

12. Name: John Dunn.

13. Birthplace: Ireland

14. Maiden name: Margaret Coffey

15. Birthplace: Ireland

16. (a) Informant: J. Thomas Dunn

(b) Address: 1019 Sanford, St. Louis, Mo.

17. (a) Removal: Removal, (b) Date thereof: 9/18/48

(c) Place: burial or cremation: Washington, Mo.

18. (a) Signature of funeral director: Schrader Funeral Home

(b) Address: Ballwin, Mo.

19. (a) 9-17-48, (b) Registrar's signature: Carl J. Glatfelter

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(e) Means of injury
Signature: B.R. Loving, Date signed: 9-17-48

WRITE PLAINLY—USING 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 *Theo. Schrader*
.....
Licensed Embalmer No. *3066*
P. O. Address *Baltimore, Md.*

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.