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FEDERAL SECURITY AGENCY  
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **38060**  
Registrar's No. **9719**

FILED NOV 19 1948

Registration District No. **318**

Primary Registration District No. **1003**

**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:  
**4373 West Pine Blvd. /**  
(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** **Leslie A. Dunn**

**3. (b) If veteran,** **No** **name war.** \_\_\_\_\_

**3. (c) Social Security No.** **None**

**4. Sex** **Male** **5. Color or race** **White**

**6. (a) Single, widowed, married,** **divorced Widower**  
**(b) Name of husband or wife.** **Dollie Dunn**  
**6. (c) Age of husband or wife if** \_\_\_\_\_  
alive \_\_\_\_\_ years

**7. Birth date of deceased.** **September 25 1875**  
(Month) (Day) (Year)

**8. AGE:**

Years	Months	Days	If less than one day
<b>73</b>	<b>1</b>	<b>12</b>	hr. _____ min.

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

**10. Usual occupation** **Stationary Fireman**

**11. Industry or business** \_\_\_\_\_

**12. Name** **Unknown Dunn**

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

**14. Maiden name** **Unknown**

**15. Birthplace** **Unknown Unknown**  
(City, town, or county) (State or foreign country)

**16. (a) Informant** **Guy Dunn**

**(b) Address** **20th & Eugenia, Railroad YMCA**

**17. (a) Burial** **(b) Date thereof 11/8/48**  
(Burial, cremation, or removal) (Month) (Day) (Year)

**(c) Place: burial or cremation** **Desloge, Mo.**

**18. (a) Signature of funeral director** **Albert H. Hoppe**

**(b) Address** **4700 Washington Blvd**

**19. (a) (Date received from registrar)** **Nov 8 1948** **(b) J. B. Paseta (Registrar's signature)**

MOTHER FATHER

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

**2. USUAL RESIDENCE OF DECEASED:**

(a) State **Missouri** (b) County **St. Francois** **90.**

(c) City or town **Desloge**  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_  
(Yes or No)  
 If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month **Nov.** day **7**  
 year **1948** hour **11** minute **10 a.m.**

**21. I hereby certify that I attended the deceased from** **July 6 - 1948 to Nov - 7 - 1948**  
 that I last saw him alive on **Nov - 7 - 1948**  
 and that death occurred on the date and hour stated above.

**Immediate cause of death** **Hypertensive Card. Vascular Disease with Apoplexy**  
**Due to** **Influenza** **8 days**  
**Duration** **5 mts**

**Due to** \_\_\_\_\_

**Other conditions** \_\_\_\_\_  
(Include pregnancy within 8 months of death)

**Major findings:** \_\_\_\_\_

**Of operations:** \_\_\_\_\_

**Of autopsy:** \_\_\_\_\_

**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) \_\_\_\_\_

(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?** \_\_\_\_\_  
(Specify type of place) (e) Means of injury \_\_\_\_\_

**23. Signature** **Dr. W. J. Ruedorfer** **(M. D.)**

**Address** **4390 W. Pine Bl** **Date signed** **11-8-48**

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**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 me

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed W. W. Walker

Licensed Embalmer No. 3575

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.**